Standard Operating Procedure

U. S. Army EMS

Programs Management Office

U.S. Army EMS Programs Management Office
2405 Reynolds Road Room 112
Fort Sam Houston, Texas 78234
23 April 2009

UNCLASSIFIED

Contents (Listed by paragraph and page number)

Chapter 1

Introduction, *page 5*
Mission Statement · *1-1, page 5*
Vision · *1-2, page 5*
Scope · *1-3, page 5*
Responsibilities and Duties · *1-4, page 5*

Chapter 2

Accreditation Branch, *page 6*
Scope · *2-1, page 6*
Duties and Responsibilities · *2-2, page 6*
Courses Managed Overview · *2-3, page 6*
Establishing a Training Site Code · *2-4, page 7*
Site Code Application Packet · *2-5, page 7*
Management of Established Training Site · *2-6, page 22*
Reporting Requirements · *2-7, page 23*
Record Keeping Requirements · *2-8, page 23*
Clinical Patient Contact Requirements · *2-9, page 23*
Course Files · *2-10, page 24*
Online Internet Systems · *2-11, page 24*
Non-traditional Pathways to 68W Training · *2-12, page 25*
Book Orders · *2-13, page 25*
Misconduct at the Training Site · *2-14, page 25*

Chapter 3

Recertification and Sustainment Branch, *page 27*
Scope · *3-1, page 27*
Duties and Responsibilities · *3-2, page 27*
NREMT Registration · *3-3, page 27*
Maintaining Certification · *3-4, page 28*
Online Re-registration · *3-5, page 28*
Fee Reimbursement · *3-6, page 28*
Exception to Policy for Deployed Soldiers · *3-7, page 29*
Soldiers assigned to Warrior in Transition Unit (WTU) · *3-8, page 29*
Y2 Removal Process · *3-9, page 30*
Failure to maintain MOS Qualification · *3-10, page 30*
Medical Operational Data System (MODS) · *3-11, page 30*
Reciprocity Requests · *3-12, page 30*

Contents - Continued

Chapter 4
Credentials Background Branch, *page 31*
Scope · *4-1, page 31*
Purpose · *4-2, page 31*
Duties and Responsibilities · *4-3, page 31*
Administrative Information · *4-4, page 31*
Policies · *4-5, page 32*
Responsibilities for Advanced Individual Training/Initial Entry Training (AIT/IET) Personnel · *4-6, page 34*
Responsibilities of Site Personnel in other than AIT/IET · *4-7, page 35*

Chapter 5
Compliance and Regulatory Branch, *page 36*
Scope · *5-1, page 36*
Duties and Responsibilities · *5-2, page 36*
Definitions · *5-3, page 36*
Visit Phases · *5-4, page 37*
Visit · *5-5, page 37*
Final Report · 5-6, *page 38*

Chapter 6
Medical Simulation Training Center Branch, *page 39*
Scope · 6-1, *page 39*
Duties and Responsibilities · 6-2, *page 39*
Current MSTC – I Locations · 6-3, *page 39*
Training · 6-4, *page 39*
Site Visits · 6-5, *page 40*
Oversight Committee duties and responsibilities · 6-6, *page 40*
Site Positions, duties and responsibilities · 6-7, *page 41*
Students/Trainees · 6-8, *page 42*
Administrative Data · 6-9, *page 42*
POIs · 6-10, *page 43*

Appendixes
A. U.S. Army EMS Programs Management Office Branch Flowcharts, *page 46*
Flow Chart A-1: How to Establish a Training Site, *page 47*
Flow Chart A-2: 68W First Time Re-registration, *page 48*
Flow Chart A-3: Transition Process, *page 49*
Flow Chart A-4: NREMT Recertification Pathways, *page 50*

Contents – Continued

Flow Chart A-5: Internal Investigations, *page 51*

Flow Chart A-6: External Investigations, *page 52*

Flow Chart A-7: Request for Abeyance/Revocation/Reinstatement, *page 53*

Flow Chart A-8: Appeals Process, *page 54*

B. Frequently Asked Questions, *page 55*

C. SAV Sample Checklist and Training Site Assessment Report, *page 61*

D. 68W (CEU) Crosswalk, *page 65*

Figure List

Figure 2-1: Sample memorandum format for Commander's Training Site request, *page 8*
Figure 2-2: Sample memorandum format for Command Site Approval, *page 9*
Figure 2-3: Sample memorandum format for appointment orders for Training Site Personnel, *page 10*
Figure 2-4: Sample format for Assistant Instructor roster, *page11*
Figure 2-5 (PAGE 1): Sample format for EMT-Basic Program of Instruction, *page12*
Figure 2-5 (PAGE 2): Sample format for EMT-Basic Program of Instruction, *page 13*
Figure 2-5 (PAGE 3): Sample format for EMT-Basic Program of Instruction, *page 14*
Figure 2-6: Sample memorandum format for list of Course references, *page 15*
Figure 2-7 (PAGE 1): Sample memorandum for Course equipment checklist, *page 16*
Figure 2-7 (PAGE 2): Sample memorandum for Course equipment checklist, *page 17*
Figure 2-7 (PAGE 3): Sample memorandum for Course equipment checklist, *page 18*
Figure 2-8: Statement for training sites memorandum of agreement, *page 19*
Figure 2-9: Sample format for Army EMS Training Site Contact Information sheet, *page 20*
Figure 2-10: Matrix of training site Key personnel qualification, *page 21*
Figure 6-1: MSTC Organization Chart, *page 43*
Figure 6-2: MSTC Map Overlay, *page 44*

Glossary

Chapter 1
Introduction

1-1. Mission Statement

U.S. Army EMS Programs Management Office (U.S. Army EMS) is comprised of a professional team providing regulatory oversight and technical guidance to the Army for the sustainment of the Combat Medic (68W), Special Forces Medic (18D), as well as other Federal Department Civilians

1-2. Vision

To be the foundation on which the Army Combat Medics remains proficient in medical knowledge and technically competent.

1-3. Scope

The U.S. Army EMS serves as the 51st State level Emergency Medical Service (EMS) office to the National Registry of Emergency Medical Technicians (NREMT). This office provides regulatory oversight, oversees 68W transition, NREMT registration and Combat Medic sustainment training throughout all Army components for approximately 59,000 68W, 18D and other Federal Department civilians on behalf of the Army Medical Department Center and School (AMEDDC&S).

1-4. Responsibilities and Duties

The U. S. Army EMS consists of the following sections: Accreditation, Recertification and Sustainment, Credential Background Investigation, Compliance and Regulatory, and Medical Simulation Training Center. This Department serves as the Army and other Federal Agencies liaison to NREMT, National Association of Emergency Medical Technicians (NAEMT), and International Trauma Life Support (ITLS). The duties of this department include, but are not limited to:

(1) Provide oversight of sustainment requirements
(2) Develop Army-wide policies pertaining to Military Occupational Specialty Qualification (MOSQ) requirements
(3) Chair the 68W process action team (PAT)
(4) Oversee and coordinate with outside agencies for the development and utilization of the Medical Simulation Training Center (MSTC) Army funded non-standard range
(5) Manage the 68W website and U.S. Army EMS Training Portal
(6) Coordinate with the Medical Operational Data System (MODS) developer for updates and analysis as required

Chapter 2
Accreditation Branch

2-1 Scope
Accreditation Branch facilitates sustainment and transition training offered at the 214 training sites worldwide ensuring standardized levels of NREMT Basic through Paramedic. Currently offering the 110 and 80 hour NREMT-Basic (NREMT-B), NREMT-B Refresher, and Combat Medic Advanced Skills Training (CMAST) for 68W combat medics, 18D's and DOD civilians.

2-2 Duties and Responsibilities
Accreditation Branch provides oversight to training sites through the U. S. ARMY EMS Training portal and Medical Data Operations System (MODS) database to approve training site codes and individual courses for locations worldwide including the Medical Simulation Training Centers (MSTC). These training sites provide a uniform process to train and assess the knowledge and skills required for transition and sustainment of competent practicing EMS professionals throughout their military careers. As the recognized 51st state of the NREMT, Army EMS impacts over ~59,000 medical personnel within three U. S. Army components and other customers.

2-3 Courses Managed Overview
a. NREMT-B 110 hour Full Course

This full course is for those new to the NREMT certification process or those who have a lapsed NREMT certification of greater than two years. This course follows the National Registry Emergency Medical Technician 1994 curriculum.

b. NREMT-B Refresher Course

This 24 hour course is for currently certified NREMT-Basic's in order to recertify as part of the bi-annual continuing education units or as a part of the 68W MOSQ sustainment training. This course is recommended for non medic (68W) personnel, but not mandatory for NREMT recertification. Equivalency training in specific NREMT areas also satisfies the 24 hour recertification standard. This equivalency is satisfied for 68Ws by completing all tables of TC 8-800, also known as Medical Education and Demonstration of Individual Competence (MEDIC), training and validation. The Refresher Course follows all NREMT 1994 curriculum.

c. NREMT-B 80 hour Bridge Course

The Bridge Course is designed as an 80-hour course, which is the minimum number of hours that must be presented. The inclusion of additional hours is solely the discretion of the unit / organization presenting the course. The following are the eligibility requirements for the U.S. Army EMT-Basic Bridge course: must hold the 68WY2 MOS and completed 68W AIT after 1 October 1988 and possess a current AHA health care provider CPR card or equivalent; or be a deploying 68W attending 21-Day 68W Pre-Deployment Training. Soldiers not meeting the requirements for the U.S. Army EMT-B Bridge course must complete a full EMT-B training program.

d. NREMT- Intermediate Refresher Course

This course is designed for those students who currently hold an NREMT Intermediate card and are in the recertification window.

e. NREMT- Paramedic Refresher Course

This course is designed for those students seeking NREMT Paramedic certification and is limited to specific training sites. The refresher course is designed for those students who currently hold an NREMT Paramedic card and are in the recertification window.

f. CMAST

This course is a 30 hour course based on the principles of Tactical Combat Casualty Care (TC3) and is the Phase II of the 68W Transition pathway. Additionally, it is Table I of the TC 8-800 and when utilized as such it is an integral portion of the 68W sustainment training. When referring to Table I of TC 8-800 this training is worth 24 continuing education units for NREMT recertification and Table VIII is for validation of skills in meeting the Office of the Surgeon General's (OTSG) guidance for annual 68W sustainment requirements.

2-4 Establishing a Training Site Code

Prior to conducting courses sanctioned by the U.S. Army EMS a Training Site must first request and gain approval through the U.S. Army EMS Office:

U.S. Army EMS Programs Management Office
ATTN: MCCS-OP-E, Accreditation Branch
2405 Reynolds Road, Bldg 2266, Room 112
Fort Sam Houston, Texas 78234
COMM (210)-221-0837
DSN 471-0837
FAX (210) 221-2704

2-5 Site Code Application

The site code packet consists of eight items listed below with examples. These items must be submitted to U.S. Army EMS via postal mail; faxed to (210) 221-2704; or sent with PDF attachments via e-mail to ems.accreditation@us.army.mil . Site Codes will not be established without appropriate signatures for the documents submitted to the Accreditation Branch. Appointment orders must be completed for any change in key personnel. Upon approval by the Accreditation Branch these documents will be digitally displayed in the Training Portal under the assigned site code. The packet consists of the following documents:

(1) Commander's Training Site Request (Figure 2-1)-on unit letterhead
   a. Signed by battalion level Commander/ LTC/O-5 or above.
   b. Specify training to be conducted: EMT-B, EMT-B Bridge, EMT-B Refresher, and/or CMAST.
   c. Include training physical location, i.e, MEDDAC, CSH, MSTC.

(2) Appointment Orders for Training Site Personnel on unit letterhead, signed by battalion level (0-5) commander or civilian equivalent stating the position & program of instruction of: (Figure 2-3)

a. Key Positions: Medical Director (MD), Program Director (PD)(optional), Course Coordinator (CC), Primary Instructor (PI)

b. Current credentials: medical license for Medical Director; RN /PA license or current NREMT certification for CC; and current NREMT for PI

c. Curriculum vitae including emergency medical experience

(3) Assistant Instructor Roster. (Figure 2-4)

Verifiable credentials must be maintained by course coordinator.

(4) Course Administration Documents (Refer to web locations for specific examples)

a. NREMT 1994 Course Curriculum for EMT-Basic-Refresher-Intermediate-Paramedic. http://www.nhtsa.dot.gov/people/injury/ems/pub/emtbnsc.pdf

b. Exam Users Guide- http://www.nremt.org/downloads/Exam_Coord_Man_Basic.pdf

c. Course Schedule (Figure 2-5)- location specific

d. Text References (Figure 2-6)

(5) Medical Equipment/Resources list. (Figure 2-7)

(6) A signed clinical memorandum of agreement (MOA) (Figure 2-8).

This document authorizes the clinical rotation of students through an EMS System /Emergency Department/Clinic/Hospital in accordance with US DOT 1994 EMT-B Curriculum, Sect III.

(7) Complete contact information to include phone numbers DSN/COMM, fax number, and all applicable AKO e-mail addresses if available. A current shipping address for book orders is mandatory. (Figure 2-9).

Upon review of the completed packet the U.S. Army EMS will forward to the requesting Commander / Supervisor a copy of the signed Command Site Approval Memorandum (Figure 2-2), which must be maintained in the Site Code records and will be filed in the packet documents within the Training Portal.

FIGURE 2-1 (Commander's Training Site Request)

Organization Letterhead

Office Symbol Date

MEMORANDUM FOR U. S. Army EMS Programs Management Office, 2405 Reynolds Road, Room 112, Fort Sam Houston, Texas 78234

SUBJECT: Request for U. S. Army Approved SPECIFY TYPE OF TRAINING

1. Unit request site certification for conducting the (List only those applicable), i. e. EMT-B/EMT -B Refresher/EMT-B Bridge/CMAST for the purpose of 68W List applicable training for **Unit Name.**

2. Attached are all documents required for program certification per the U.S. ARMY EMS Programs Management Office EMS Training Program Checklist.

3. Point of Contact for this memorandum is **Course Coordinator/Program Director,** Official title, at **Commercial; DSN** or by email at **email address.**

Encls
1. List of all included documents

JOHN D. WAYNE
LTC, QM
Commanding

FIGURE 2-2 (Command Site Approval Memorandum)

Organization Letterhead

Office Symbol Date

MEMORANDUM FOR Commander, Unit Name, City, State

SUBJECT: Training Site Approval for National Registry of Emergency Technicians Basic Course /Basic Refresher Course/Sustainment Training.

1. Thank you for your recent submission of a request for approval as an U.S. ARMY EMS Programs Management Office Training Program Site. We have conducted a review of your application and all the associated material, and found that your proposed program is in compliance with all the pertinent standards.

2. Based on this review, unit name, city, state is approved to conduct (name courses here) training programs through the U. S. Army Medical Department Center and School. The training site code is "AM-xxx". Please refer to this site code on any future correspondence regarding EMT related training.

3. You are required to conduct an internal quarterly program audit and submit an annual report to the AMEDDC&S due no later than October 15 of each year You are required to provide to the U. S. ARMY EMS Programs Management Office with information regarding any changes in Course Director, Course Coordinator or curriculum. Notify the ARMY EMS PMO immediately if you are unable to continue to meet the guidelines mandated by the Department of Transportation or this office. Your prompt response will help us support the training objectives of your command and the administrative management of your program. Failure to comply with NREMT regulatory standards of instruction, record management, or reporting procedures will result in suspension of your program approval and NREMT testing authorization.

4. We appreciate your cooperation and commitment to quality emergency medical training. Please feel free to contact our office if you have any questions, comments, or concerns. The U. S. ARMY EMS can be reached at (210) 221-0837 or DSN 471-0837. Please visit our web site periodically for updated information at www.cs.amedd.army.mil/68W/.

NAME
COL, MC
Director, U.S. Army EMS

FIGURE 2-3 (Appointment Orders for Training Site Personnel)

Organization Letterhead

Office Symbol Date

MEMORANDUM FOR U. S. Army EMS Programs Management Office, 2405 Stanley Road, Bldg 2266, Room 112, Fort Sam Houston, TX 78234

SUBJECT: Additional Duty Appointment

1. This memorandum is effective for the U.S. ARMY EMS Training Site number [redacted] located at [redacted]

2. Effective DATE, UNIT NAME, ADDRESS, is assigned the following duty.

RANK/GS - NAME of MEDICAL DIRECTOR

_____

PHONE _____AKO EMAIL_____

RANK/GS - NAME of COURSE COORDINATOR

_____

PHONE _____AKO EMAIL_____

RANK/GS - NAME of PROGRAM DIRECTOR

_____

PHONE _____AKO EMAIL_____

RANK/GS - NAME of PRIMARY INSTRUCTOR

_____

PHONE _____AKO EMAIL_____

1. Purpose: For training and ensuring proficiency of all 68W personnel. Preparing/Sustaining them for 68W Medical Occupational Specialty and/or with removal of the ASI "Y2".

2. Period: Until officially relieved or released from appointment.

3. Special Instructions: Any **official EMT** related training in the UNIT NAME for the **National Registry, MUST** be approved locally by the Medical Director, Course Coordinator, and Program Director. Those requests must be then submitted to the U.S. Army EMS Programs Management office through the ARMY EMS Training Portal for approval / disapproval. At no time will any training be conducted without an Army issued Course Number from U.S. Army Programs Management office.

Signature Block
(Must be 0-5 or above Commander)

FIGURE 2-4 (Assistant Instructor Roster)

Organization Letterhead

Office Symbol Date

MEMORANDUM FOR U. S. Army EMS Programs Management Office, 2405 Reynolds Road, Bldg 2266, Room 112, Fort Sam Houston, TX 78234-5048

SUBJECT: Assistant Instructor Roster

1. Effective Date, the personnel listed below will be assistant instructors for Unit

EMT/CMAST INSTRUCTOR ROSTER

NAME	CREDENTIALS		Expiration
	RN		Date
	PA		Date
	PA		Date
	PA		Date
	PA		Date
	PA		Date
	LVN		Date
	EMT-B	ANCOC	Date
	EMT-B	BNCOC	Date
	EMT-B	BNCOC	Date
	EMT-B	BNCOC	Date
	LVN	BNCOC	Date
	EMT-B	BNCOC	Date
	EMT-B	BNCOC	Date

SIGNATURE BLOCK
Course Coordinator may generate this memo

FIGURE 2-5 (EMT-Basic Program of Instruction)

TD	Day	Date	TIME	DOT Module	SUBJECT	DOT Hours	Location	Uniform	Reference	Instructor
1	Mon		0630-0730	CPR Certification	Weigh-In		C	5	AR 600-9	RTI Staff
			0730-0900		In-Briefings		A	4		RI Staff
			0900-1100		CPR Providers Refresher Class		A	4	American Heart	
			1100-1200		**Lunch**		B	4	WAATS SOP	
			1200-1400		CPR Providers Refresher Class - Cont.		A	4	American Heart	
			1400-1430		Registration and Introduction		A	4	WAATS SOP	
			1430-1520	Section 1 - Preparatory	**Chapter 1** Quality Improvement Process		A	4	AAOS - 2nd Edition	
			1520-1535		**Break**		A	4		
			1535-1645		**Chapter 2** Well-Being of the EMT-B		A	4	AAOS - 2nd Edition	
			1645-1745		**Dinner**					
			1745-1840		**Ch**				**OS** - 2nd Edition	
								4	AAOS - 2nd Edition	
2	Tu						A	4		
					hapter 4 Lifting and Moving, *Skill Drills*		A	4	AAOS - 2nd Edition	
			0745-0845	Section 2 - Airway	**Chapter 5** Airway, Didactic		A	4	AAOS - 2nd Edition	
			0845-0945		**Chapter 5** Airway, Skill Drill		A	4	AAOS - 2nd Edition	
			0945-1000	Section 3 - Patient Assessment	Break		A	4		
			1000-1100		**Chapter 6** Patient Assessment, *Didactic*		A	4	AAOS - 2nd Edition	
			1100-1150		**Chapter 6** Patient Assessment, *Skill Drill*		A	4	AAOS - 2nd Edition	
			1150-1250		Lunch		B	4		
			1250-1335		**Chapter 7** Communication and Documentation		A	4	AAOS - 2nd Edition	
			1335-1405	Section 4 - Medical Emergencies	**Chapter 8** General Pharmacology, *Didactic*		A	4	AAOS - 2nd Edition	
			1405-1435		**Chapter 8** General Pharmacology, *Skill Drill*		A	4	AAOS - 2nd Edition	
			1435-1450		Break		A	4		
			1450-1545		**Chapter 9** Respiratory		A	4	AAOS - 2nd Edition	

SAMPLE

					Emergencies				
			1545-1635		**Chapter 10** Cardiovascular Emergencies, *Didactic*	A	4	AAOS - 2nd Edition	
			1635-1700		**Chapter 10** Cardiovascular Emergencies, *Skill Drill*	A	4	AAOS - 2nd Edition	
			1700-1800		Dinner	B	4		
			1800-1915		**Chapter 11** Neurologic Emergencies	A	4	AAOS - 2nd Edition	
3	Wed		0700-0715		Administration	A	4		
			0715-0800		**Chapter 12** Diabetic Emergencies, *Didactic*	A	4	AAOS - 2nd Edition	
			0800-0815		**Chapter 12** Diabetic Emergencies, *Skill Drill*	A	4	AAOS -	
			0815-0915		**Chapter 12** [illegible]			OS - 2	

EXAMPLE

Date	Time				Location	Uniform	Reference
	0700-0715		Administration		A	4	
	0915-0930		Break		A	4	
	0930-1000		**Chapter 13** Allergic Reactions, *Skill Drill*		A	4	AAOS - 2nd Edition
	1000- 1100		**Chapter 14** Substance Abuse, Overdose and Posoning		A	4	AAOS - 2nd Edition
	1100-1200		Lunch		B	4	
	1200-1330		**Chapter 15** Environmental Emergencies, *Didactic*		A	4	AAOS - 2nd Edition
	1330-1400		**Chapter 15** Environmental Emergencies, *Skill Drill*		A	4	AAOS - 2nd Edition
	1400-1445		**Chapter 16** Behavioral Emergencies		A	4	AAOS - 2nd Edition
	1445-1500		Break		A	4	
	1500-1600		**Chapter 17** Obstetric and Gynecologic Emer, *Didactic*		A	4	AAOS - 2nd Edition
	1600-1700		**Chapter 17** Obstetric and Gynecologic Emer, *Skill Drill*		A	4	AAOS - 2nd Edition
	1700-1800		Dinner		B	4	
	1800-1930		**Chapter 19** Bleeding and Shock		A	4	AAOS - 2nd Edition
	0700-0715		Administration				
	0715-0800		**Chapter 18** Kinematics of Trauma		A	4	AAOS - 2nd Edition
	0800-0900		**Chapter 20** Head and Spine Injuries, *Didactic*		A	4	AAOS - 2nd Edition
	0900-0915		**Chapter 20** Head and Spine Injuries, *Skill Drill*		A	4	AAOS - 2nd Edition
	0915-0930		Break		A	4	
	0930-1015	Section 5 - Trauma	**Chapter 21** Soft Tissue and Extremity Injuries, *Didactic*		A	4	AAOS - 2nd Edition
	1015-1100		**Chapter 21** Soft Tissue and Extremity Injuries, Skill Drill		A	4	AAOS - 2nd Edition
	1100-1200		Lunch		B	4	
	1200-1330		**Chapter 22** Chest and Abdominal Injuries		A	4	AAOS - 2nd Edition
	1330-1430		**Chapter 23** Pediatric Emergencies		A	4	AAOS - 2nd Edition
	1430-1445	Section 6 - Special Population	Break		A	4	
	1445-1600		**Chapter 24** Pediatric Assessment and Management, *Didactic*		A	4	AAOS - 2nd Edition

	1600-1700		**Chapter 24** Pediatric Assessment and Management, *Skill Drill*		A	4	AAOS - 2nd Edition
	1700-1800		Dinner		B	4	
	1800-1900		**Chapter 25** Geriatric Emergencies		A	4	AAOS - 2nd Edition
	1900-1915		**Chapter 26** Geriatric Assessment and Management, *Didactic*		A	4	AAOS - 2nd Edition
		DAY Module					
	0700-0715		Admin/Written Exam Prep		A	4	
	0715-0815		Written Exam		A	4	
	0815-UTC		Skills Evaluation		A	4	

	NREMT PRACTICAL TESTING (see station supplement)	Station 1	Trauma Patient Assessment				NREMT Practical Examination Users Guide	NREMT Evaluator
		Station 2			A	4	NREMT Practical Examination Users Guide	NREMT Evaluator
		Station 4	Bag-Valve-Mask Apneic Patient		A	4	NREMT Practical Examination Users Guide	NREMT Evaluator
		Station 5	Spinal Immobilization		A	4	NREMT Practical Examination Users Guide	NREMT Evaluator
		Station 6	Random EMT Skill		A	4	NREMT Practical Examination Users Guide	NREMT Evaluator
	1500-1630		Course Completion		A	4	WAATS SOP	

EXAMPLE

DISTRIBUTION

1 - DEPUTY COMMANDER

1 - COMMANDANT

1 - PER STUDENT(PTM)

1 - TNG BULLETIN BOARD

LOCATION

A - Classroom

B - WAATS Dinning Facility

C - WAATS TMC

UNIFORM

1 - FLIGHT SUIT

2 - CLASS A

3 - CLASS B

4 - BDU'S/ACU'S

5 - PT UNIFORM

6 - Civilian

FIGURE 2-6

Textbooks, Instructor Guide, Test Generator, and all other printed resources:

Bledsoe, B. E., Cherry, R. A., & Porter, R. S. (1998). *Brady: Intermediate emergency care* (2nd ed.) Upper Saddle River, NJ: Prentice Hall

Bledsoe, B. E., Cherry, R. A., & Porter, R. S. (1998). *Brady: Workbook intermediate emergency care* (2nd ed.) Upper Saddle River, NJ: Prentice Hall

Bledsoe, B. E., Cherry, R. A., & Porter, R. S. (1998). *Brady: Instructor's resource manual intermediate emergency care* (2nd ed.) Upper Saddle River, NJ: Prentice Hall

Limmer, D., Elling, B., & O'Keefe, M. F. (2001). *Essentials of emergency care refresher for EMT-B* (3rd ed.). Upper Saddle River, NJ: Prentice Hall

Limmer, D., Elling, B., & O'Keefe, M. F.(2002). Brady: *Instructor's resource manual essentials of emergency care refresher for EMT-B* (3rd ed.). Upper Saddle River, NJ: Prentice Hall

Browner, B., Jacobs, L, & Pollack, A.(1998) AAOS: *Emergency Care and Transportation of the Sick and Injured,* (8th ed.). Sudbury, MA: Jones and Bartlett Publisher

Browner, B., Jacobs, L, & Pollack, A. (1998) *AAOS: Emergency Care and Transportation of the Sick and Injured, student workbook* (8th ed.). Sudbury, MA: Jones and Bartlett Publisher

Browner, B., Jacobs, L, & Pollack, A. (1998) *AAOS: Emergency Care and Transportation of the Sick and Injured, student workbook* (8th ed.). *Power Point* CD-ROM Sudbury, MA: Jones and Bartlett Publisher

McSwain, N., Frame, S., & Salomone, J. (2005) PHTLS: Basic and Advanced Prehospital Trauma Life Support Military Edition (5th ed.). St. Louis, MO: Mosby, Inc

Example

FIGURE 2-7 (Course Equipment Checklist)

TRAINING SITE EQUIPMENT LIST

Item #	Item Description	Noun	Quantity	Verified
1	AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (9TH ED.)	EMT		
2	AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (9TH ED.) INST REFERENCE	EMT		
3	AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (9TH ED.) PP SLIDES	EMT		
4	AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (9TH ED.) TEST KIT	EMT		
5	AAOS CARE AND TRANSPORTATION OF THE SICK AND INJURED (9TH ED.) WK BOOK	EMT		
6	ACTIVATED CHARCOAL			
7	ADULT CPR MANNIQUIN		2 EA	
8	ADULT CPR MANNIQUIN			
9	AED		2 EA	
10	AIR SPLINTS	Optional		
11	ALBUTEROL			
12	ASPIRIN			
13	ATROINE SULFATE			
14	BASIN WASH STEEL 9QT		6 EA	
15	BLANKETS (Per Patient Scenario)		4 EA	
16	BRADY EMER CARE 9TH ED INST RES MAN	EMT Refresher		
17	BRADY EMER CARE 9TH ED PP SLIDES	EMT Refresher		
18	BRADY EMER CARE 9TH ED TEST MANAGER	EMT Refresher		
19	BRADY EMER CARE 9TH ED WK BOOK	EMT Refresher		
20	BRADY EMERGENCY CARE 9TH ED	EMT Refresher		
21	BURN SHEETS		4 EA	
22	CATHETER & NDL ASSORTED SIZES		72 EA	
23	CHILD CPR MANNIQUIN		2 EA	
24	CHILDBIRTH KITS		6 EA	
25	CHILDBIRTH MANNIQUIN		2 EA	
26	COMBITUBE DOUBLE LUMEN	Optional		
27	COMBITUBE TRAINER	Optional		
28	COMPUTER WITH PROJECTOR			
29	D50 IV INJ			
30	DRY ERASE BOARD			
31	EGTA			
32	END TITLE CO2 DETECTOR			
33	EOA			
34	EPINEPHRINE			
35	EPINEPHRINE AUTO INJECTOR TRAINER			
36	ESOPHAGEAL DETECTOR DEVICE			
37	ETC AIRWAY			
38	EXAMINATION GLOVES S,M,LG		3 BOX	
39	FLEXIBLE STRETCHER		2 EA	
40	FORCEPS TRACH TU ADL (MAGILLS)	Forcep		
41	GLUCAGON			

42	GLUCOSE TUBES			
43	HAND HEL INHALER FOR TRNG PURPOSES			
44	HELMET		1 EA	
45	INFANT CPR MANNIQUIN		2 EA	
46	INTRAVENOUS INJ SE 48S (15-20 gtts IV set)	IV Tubing	6 EA	
47	INTUBATION MANQ, ADULT			
48	INTUBATION MANQ, CHILD			
49	IV ARMS KIT			
50	JET VENTILATOR			
51	LARYNGOSCOPE ASSORTED SIZE (McGill)		6 EA	
52	LUBRICANT SURG 4OZ		6 EA	
53	MOULAGE KIT			
54	NARCAN			
55	NASAL AIRWAYS	Assorted		
56	NASAL CANNULAS			
57	NEEDLE CRICOTHYROTOMY TRAY			
58	NEEDLE HYPO 18GA			
59	NEEDLE HYPO 22GA			
60	NEEDLE HYPO 25GA			
61	NITROGLYCERIN			
62	NON-REBREATHER MASK			
63	O2 TANK WITH REGULATOR			
64	OCCLUSIVE DRESSINGS			
65	ORAL AIRWAYS	Assorted		
66	OVERHEAD PROJECTOR			
67	PENLIGHTS		6 EA	
68	PHYSICIANS DESK REFERENCE			
69	POCKET MASKS			
70	PORTABLE SUCTION WITH TONSIL TIP			
71	POVIDONE CLN 4OZ		4 CAN	
72	PROJECTOR SCREEN			
73	PTL AIRWAY			
74	RESUSCITATOR HAND OPR (Bag Valve Mask)	BVM	6 EA	
75	RINGER'S INJ	IV Fluid	72 EA	
76	ROLLER BANDAGES	Ace Wrap		
77	SCISSORS BANDAGE 7.25"		6 EA	
78	SCOOP STRETCHER		2 EA	
79	SHARPS CONTAINERS			
80	SODIUM BICARBONATE			
81	SODIUM CHL INJ	IV Fluid	72 EA	
82	SODIUM CHL INJ 0.95 10ML			
83	SPHYGMOMANDOMETER		6 EA	
84	SPHYGMOMANDOMETER			
85	SPINBRD LNG 18X72/3/4"		6 EA	
86	SPLINT TRACTION-EXTRI (Reel, Hare Traction Splint)	Splints	6 EA	
87	SPLINT UNIV 36X4.5"		12 EA	
88	SPONGE SURG 4X4		1 BOX	
89	STAIR CHAIR		2 EA	
90	STERILE BANDAGES			
91	STERILE DRESSINGS			
92	STERILE WATER		1 BOX	
93	STETHOSCOPE ADULT SZ		6 EA	
94	STETHOSCOPE DUAL HEAD		2 EA	

95	STRAP WEB SEC LOCK OD (Litter Straps)	Straps	24 EA	
96	STYLET TRACHEAL TUBE		6 EA	
97	SUCTION APPAR TRACH		6 EA	
98	SUPPORT CERVICAL COLLAR- ASSORTED SIZES	Collar Set	6 EA	
99	SYRINGE HYPO 10CC			
100	SYRINGE HYPO 1CC			
101	SYRINGE HYPO 3CC			
102	SYRINGE HYPO 5CC			
103	SYRUP OF IPECAC			
104	TAPE			
105	THERMOMETERS		6 EA	
106	THIAMINE			
107	TOURNIQUET ADULT 14X1"		12 EA	
108	TRAINGULAR BANDAGES	Cravats		
109	TRIAGE TAGS		1 BX	
110	TROUSERS ANTI-SHOCK	PASG	6 EA	
111	TUBE TRACH ASSORTED SIZE (Endotracheal Tube)	ET Tube	6 EA	
112	TV/VCR/DVD			
113	V-VAC ADAPTER TIPS			
114	V-VAC CATHETERS			
115	WATCH			
116	WHEELED STRETCHER		2 EA	
117	YOKE-ADAPTER FLUSH		6 EA	

SIGNATURE BLOCK
Course Coordinator

(Date)

FIGURE 2-8 (Memorandum of Agreement for Clinical Rotations of EMT-B Students)

Due to the complexity of these MOA's and local rules governing the creation of these documents only an example is provided. Shown is a basic outline of a MOA between two entities in support of the NREMT clinical experience rotations. All MOA's for clinical rotations must include the involvement of your responsible Army JAG office to ensure the legalities of the document. Review AR 25-50, *Preparing and Managing Correspondence*, chapter 2 section II provides specific information required for an MOA

MEMORANDUM OF AGREEMENT
BETWEEN
XXX TRAINING SITE AND XXX MEDICAL FACILITY/SERVICE

SUBJECT: Agreement to utilize XXX Medical Facility/Service in support of National Registry of Emergency Medical Technicians Course's clinical rotations

1. Reference. IAW AR 351-3, Professional Training Programs of the Army Medical Department.

2. Purpose. XXX Medical Facility/Service agrees to support the National Registry of Emergency Medical Technicians Course. This organization possesses the medical facilities/service to support a clinical setting for educational instruction and is in agreement to make available the use of its facilities/service to XXX Training Site.

3. Responsibilities. XXX Training site will/will not provide instructors for the coordination, implementation and a Point of contact. Students rotating for clinical experience will possess a minimum Grade Point Average of 70%. Identification cards/name plates will be furnished by XXX Training site to each student. Each 4 hour clinical experience rotation will have a maximum capacity of 2 students.

4. Responsibilities. XXX Medical Facility/Service will/will not provide adjunct faculty staff to assist with XXX Training site clinical experience program. XXX Training site's staff or students will be authorized to function as staff personnel at XXX Medical Facility/Service. A new-comers orientation brief is mandatory to all XXX Training site's staff and its students. XXX Training site's staff and students sign form XXX, which states they were briefed on XXX Medical Facility/Service's rules, regulations and policies.

5. This Memorandum of Agreement will be effective Month, Day, Year.

EXAMPLE

JOHN E. SMITH
Chief
XXX Training Site

(Date)

MARK E. MARK
Director
XXX Medical Service

(Date)

FIGURE 2-9

ARMY EMS TRAINING SITE CONTACT INFORMATION SHEET

1. Training Site located at physical address

2. Training Site Code Number is:

3. Training Site Unit is: Example: MEDDAC, MSTC, Division level, etc.

4. Medical Director's name:

   a. Medical Director phone number:
   b. AKO Email Address:
   c. Unit/work place

5. Course Coordinator:

   a. Course Coordinator phone number:
   b. AKO Email Address:
   c. Unit/work place

6. Primary Instructor name:

   a. Primary Instructor phone number:
   b. AKO Email Address:
   c. Unit/work place

7. Program Director name:

   a. Program Director phone number:
   b. AKO Email Address:
   c. Unit/work place

FIGURE 2-10 (Matrix of Training Site Key Personnel Qualification)

Qualifications For EMT Key Positions- Required Credentials					
	Appointment Orders	**Medical License**	**Curriculum Vitae**	**NREMT Card**	**Other**
Medical Director	Commander LTC or above	YES	Yes ER Experience	No	
Course Coordinator	Commander LTC or above	NO	Yes Senior 68W	Current NREMT Certification**	Contact U.S. Army EMS for credential waiver
Primary Instructor	Commander LTC or above	NO	Yes, 68W Experience	Current NREMT Certification**	NREMT is not waiverable.
Program Director (Optional)	Commander LTC or above	NO	Yes 68W Experience	Current NREMT Certification**	
Qualifications For CMAST Key Positions- Required Credentials					
	Appointment Orders	**Medical License**	**Curriculum Vitae**	**NREMT Card**	**CMAST Instructor Card**
Medical Director	Commander LTC or above	YES	Yes ER Experience	No	No
Course Coordinator	Commander LTC or above	NO	Yes, states combat medic experience	68W or NREMT Intermediate/Paramedic certification **	Yes
Primary Instructor	Commander LTC or above	NO	Yes, states combat medic experience	Current NREMT Certification	Yes
Program Director (Optional)	Commander LTC or above	NO	Yes, states combat medic experience	Current NREMT Certification	Yes
Qualifications for CLS key positions- Required Credentials					
	Appointment Orders	**Medical License**	**Curriculum Vitae**	**NREMT Card**	**CMAST Instructor Card**
Medical Director	Signed by Commander (0-5 or above)	YES	Yes, states emergency room experience	No	No
Course Coordinator	Signed by Commander (0-5 or above)	NO	Yes, states combat medic experience	Current to date NREMT card Basic-Intermediate-Paramedic	No
Primary Instructor	Signed by Commander (0-5 or above)	NO	Yes, states combat medic experience	Current to date NREMT card Basic-Intermediate-Paramedic	No
Program Director (Optional)	Signed by Commander (0-5 or above)	NO	Yes, states combat medic experience	Current to date NREMT card Basic-Intermediate-Paramedic	No

** Course Coordinators may be a Registered Nurse (RN), Physicians Assistant (PA) or Licensed Physician (MD) and hold a current NREMT certification. Staff Sergeant or above must be a 68W with current NREMT certification.

2-6 Management of Established Training Site Overview:

a. Management of the 68W Training Site will be the responsibility of three individuals, however, the Medical Director is the individual ultimately responsible for the complete oversight of all training programs at each site.

b. NREMT Related Courses:

Key Personnel Responsibilities, Qualifications and Guidance (please refer to Figure 2-10 for in-depth responsibilities, qualifications and guidance) for:

(1) Medical Director (MD):

The MD of the EMS Training program must be a local physician with emergency medical experience who will act as the ultimate medical authority for ensuring accuracy of course content, procedures, and protocols in accordance with (IAW) NREMT and AMEDDC&S. These expectations must be reflected in the curriculum vitae (resume). The MD, Course Coordinator and the Primary Instructor should work closely together in the preparation and presentation of the program. The MD can assist in recruiting physicians to present materials in class, settling questions of medical protocol and act as a liaison between the course and the medical community. The MD is responsible for reviewing the quality of care rendered by the EMS personnel in the clinical and field setting, verifying student competence in the cognitive, affective and psychomotor domains and review of all examinations. Typically the MD is the Battalion or Brigade Surgeon. Physician Assistants play an important role in extending the reach of the MD and their participation is encouraged. However, national guidelines require a physician remain ultimately responsible.

(2) Program Director (PD)(optional):

The training site may have an appointed PD. This individual will provide oversight to all approved training programs similar to that of the MD. The PD could be referred to as the "second set of eyes" for the MD. The PD may be an officer (preferred) or senior enlisted soldier. For TOE units the PD is normally the Physician Assistant assigned to that battalion. In TDA or Medical Command (MEDCOM) facilities, the PD is normally the Chief, Department of Education.

(3) Course Coordinator (CC): The CC is the individual responsible for coordinating and conducting the EMS Training program. The CC acts as the liaison between the students, the sponsoring agency and the local medical community. This individual is responsible for assuring that the course goals and objectives set forth by the US Department of Transportation, U. S. Army EMS & appropriate civilian agencies (if applicable) are met. The CC may also serve as the PI only with specific approval of the U.S. Army EMS as this practice decreases the depth of instructor experience and personnel resources supporting the program. Sites who currently utilize one person as CC and PI are grandfathered until a change of personnel is required at the Site. When the personnel change is required one person each will fulfill the responsibilities of each role. The CC is typically an NCO or officer in the unit. The CC is responsible for ensuring training is presented as designed and must be at the location or readily available to the training location to carry out their duties. Specifically, CC must ensure:

a. Required training resources are available for presenting the training as scheduled.

b. Instructors receive support, materials, and equipment required for presenting this training.

c. Staff and faculty are qualified and trained to present and manage this training.

d. Continuously evaluate course effectiveness and efficiency and provide appropriate feedback to training/training development (task) proponent.

e. Staff, faculty, and students comply with safety and environmental protection rules and regulations, law, and course requirements.

f. Facilities, material, equipment, and systems required for presenting this instruction are properly maintained.

g. Obtain required reference material.

h. Credential Background Investigation process is complete by (see Credential Background Branch chapter 4 for complete details):

1. Ensuring the credentials background briefing is given to all Soldiers prior to completing the U.S. Army EMS Credential Background Questionnaire (CBQ).

2. Sending all CBQ's that have 'yes' marked to U. S. Army EMS Credentials Background Branch via fax with cover sheet annotating Training Site code at (210) 221-2704 or via PDF and e-mail, with Site Code annotated in the subject line, to ems.credentials@us.army.mil .

3. Coordinate with Credential Background Branch to schedule phone interview(s) with the Student(s) as required.

4. Notify Students of NREMT test eligibility.

e. See Credentials Background Section of this SOP for complete details.

(4) Primary Instructor (PI):

This individual is expected to be knowledgeable in all aspects of pre-hospital emergency care, in the techniques and methods of adult education, and in managing resources and personnel. It is recommended that the individual should have successfully completed a program in adult instruction methodology (Army "H" 5K Course) or equivalent. This individual should be present at most, if not all, class sessions to assure program continuity and to be able to identify that the students have the cognitive, affective and psychomotor skills necessary to function as an EMT or Combat Medic. The PI may also serve as the CC. Typically, a unit senior enlisted NCO as PI. The PI is directly and regularly in contact with students and represent the command in the presentation of the instruction, serves as the role model for the students and must be technically competent and professional in demeanor.

2-7 Reporting Requirements (Based on fiscal year (FY).

a. Quarterly Reports: Quarterly Reports will be due no later than14 days following the end of each Quarter. If Quarterly Reports are not received by this deadline, no further training will be approved until this requirement is met.

b. Annual Reports: Annual reports will be due no later than 15 October of the next FY. If annual reports are not received by this deadline, no further training will be approved until the requirement is met.

c. Personnel Changes: Personnel changes including the PI, MD, and CC must be submitted to our office 30 days before the start date of the next course to be conducted and prior to the departure of the previous position. Proactive communication from the training site to the Accreditation Branch office is imperative to ensure all files remain current and your Site Code in 'active' status.

2-8 Record Keeping Requirements:

All course records must be maintained for a period of no less than two (2) years for all training programs completed at an approved site. This information must be available for all U.S. Army EMS visits and as requested.

(1) Site code packet items 1-8 submitted to the Accreditation Branch to reflect most recent updates for support of courses less than two years old.

(2) Each course daily sign in sheet, grade sheets (database), all exams, quizzes and course critiques

(3) Internal training site audit form completed by the MD /PD with identified areas for improvement.

(4) Computer based testing (Pearson Vue) testing plan and location with final NREMT Pass/Fail recorded for each student.

2-9 Clinical Patient Contact Requirements

NREMT- B and Bridge courses require students complete patient interactions in a clinical setting. Ideally, these patient contacts are in areas that have access to the Emergency Medical Services Systems with an experienced preceptor. However, in low volume areas or systems with legal considerations, the training program may utilize emergency departments, clinics, or physician offices. The PD / MD must establish appropriate relationships with various clinical sites to assure adequate contact with patients. The student must interview and assess a minimum of five patients. The student should record the patient history and assessment on a pre-hospital care report just as he would if he were interacting with this patient in a field setting. The pre-hospital care report is then be reviewed by the PI to assure competent documentation practices occurred in accordance with the minimum data set. Regardless of the clinical education system, the program must establish a feedback system to assure that students have acted safely and professionally during their training. Students should be graded on

their experience. Students reported as having difficulty in the clinical or field setting must receive remediation and redirection with plan and evaluation documented in the student record. Students are required to repeat clinical or field setting experiences until they are deemed competent within the goals established by the PD / MD. In extreme cases, where the students are not able to obtain experiences in a clinical or field setting, it may be necessary to utilize programmed patients. Programmed/simulation patient contacts are a rare exception. All requests to conduct contacts in this manner will be verified with surrounding communities and treatment facilities prior to any decision being made by the U. S. Army EMS Medical Director. Regardless of the type of facility in which contacts are conducted, all training programs must maintain an MOA after Site Code approval, with yearly memorandums submitted to the Accreditation Branch updating and or verifying the MOA is still in effect. Once an MOA is on file with the Accreditation Branch no other means of clinical contacts are authorized unless an updated or additional MOA is submitted and approved.

2-10 Course Files:

a. NREMT EMT-B, Refresher, Intermediate, Paramedic, or CMAST training records to be kept on file for review include:

(1) Course approval e-mails from U.S. Army EMS that are automatically generated based on information in the Training Portal.

(2) Student rosters with daily sign-in and sign-out sheets.

(3) Course training schedule.

(4) Course summary report referencing Training Site Code and Course Number. This report is entered into the Training Portal and is revised after every course conducted to reflect actual students completing a course.

(5) Current NREMT, license credentials and curriculum vitae for all personnel listed as CC, PI, MD and all Assistant Instructors (AI) for each course.

(6) Verification of skill evaluations and patient contacts during the course for each student.

(7) Mid and end of course critiques with review by the CC, PD, and or MD with a record of any necessary corrective action(s) after course completion.

b. 80 Hour Bridge Course (includes these additional requirements):

(1) ATRRS training record demonstrating course eligibility.

(2) Patient contact runs forms.

(3) Examination score results.

(4) CBQ

(5) NREMT Exam results

(6) Current CPR card

2-11 Online Internet Systems:

a. U.S. Army EMS Training Portal (https://apps.mods.army.mil/EMS/HomePage.aspx)
Access to the Training Portal will be granted to the CC and MD after they "Login" using their AKO user name and password as the "Site Coordinator" in the Training portal. After the login process the proposed Site/ CC must email the Accreditation branch to obtain access. Access will be granted based on receipt of the Site/ CC's appointment orders on file at the Accreditation branch. After approval as the Site/ CC they may login to the Training Portal to submit courses for subsequent approval. Courses are approved weekly in the Training Portal and usually managed by the CC. Upon completion of the course, completed course summaries must be entered into the Training Portal. This document is the most accurate reference available for the 68W training population and used by this office to apprise the Command of 68W training status.

b. NREMT website can be found at www.nremt.org. The CCs for all NREMT-B/Bridge/Refresher courses must register with the National Registry of Emergency Medical Technicians (www.nremt.org) in order to obtain Authorization to Test (ATT) code for NREMT Pearson Vue testing. CCs must communicate the request for approval to U.S. ARMY EMS in order to expedite this approval process. At no time will "loaning of site codes" to other units or locations be allowed. Site Codes are approved based on the resources at the physical location of the unit for which a site code is approved.

c. TC 8-800 pathway to sustainment training can be found at

http://www.cs.amedd.army.mil/68w/R&D/MEDIC%20complete.pdf

2-12 Non-traditional pathways to 68W training:

a. Mobile Training Teams

Mobile Training Teams (MTT) may be dispatched at the request of the Commander to a satellite site. For Site Administrators who wish to conduct any training via MTT's, please contact the U.S. Army Center for Pre-deployment Medicine Program Manager at (210) 221-1787.

b. Video Telephonic Tele-training (VTT)

AMEDDC&S Video Tele-Training resources. (www.cs.amedd.army.mil/ddl)

This training venue offers EMT-Refresher, and CMAST training. Interested parties simply need to register at the U.S. Army EMS Training Portal under the class listing. This action will generate a confirmation response from the VTT Training office at Fort Sam Houston Texas. More complete information may be obtained through direct contact with the VTT office at the above listed webpage.

2-13 Book Orders:

Book orders are processed bi-monthly. U.S. Army EMS will provide CMAST course materials through October 2009. Upon completion of Military Occupational Specialty (MOS) transition of the 68W no further EMT training materials will be purchased by U.S. Army EMS.

2-14 Misconduct at a 68W Training Site

*a. O*verview: U.S. Army EMS may initiate an investigation if there is reason to suspect any wrong doing. Some of the reasons a site may be investigated are listed below:

(1) Conducting training with improperly credentialed personnel

(2) Conducting training without a valid Course Number as issued by U.S. ARMY EMS.

(3) Conducting training without the Training Site Medical Director's knowledge

(4) Signatures on any documents submitted to U.S. Army EMS suspected to be fraudulent.

(5) Conducting training at an alternate site from the established training site without prior approval from U.S. Army EMS.

(6) Conducting civilian certification based training not in accordance with the policies of the specific civilian agency, curriculum, or U.S. Army EMS course criteria for that particular course.

(7) Allowing a student to sit for the NREMT written exam that is not eligible. Questions of student eligibility should be directed to U.S. Army EMS prior to the student testing.

(8) Failure to submit the End of Course Summary for all courses in the Training Portal. Sites training COMPOS II and III will benefit from timely submission of the student course completion summaries in the Training portal as this demonstrates proof of student attendance triggering NREMT texts and workbooks are retroactively sent to the training site.

b. Follow-up Actions at Training Site: a training site not meeting the U. S. ARMY EMS standards may face :

(1) Temporary suspension: Suspension remains until the organization's higher command conducts an inquiry and implements measures deemed appropriate by U.S. Army EMS. During this period, the site in question will not be allowed to do:

a. Request Course approval.

b. Conduct any formal training at that training site. A course in progress at the time of suspension may not be allowed to continue.

c. Complete the Pearson Vue on-line testing application for the NREMT.

(2) Probationary Status: Upon completion of the inquiry, a training site may be placed on probation for up to one year. Probationary status rules of engagement will be determined on a case by case basis. Failure to abide by the probationary guidelines will result in complete revocation of training site certification.

(3) Permanent Site Revocation: Permanent Site Code revocation may result based on the inquiry results.

c. Site Code restoration includes the following:

(1) Division Level Command or equivalent must submit a request of site code restoration for the 68W Training Site. This memorandum will assure U.S. Army EMS that previous staff and faculty will not be involved in the operation of the new site.

(2) All parts of a normal 68W Training Site Certification Packet will be required to be resubmitted for approval.

(3) The final decision to reinstate the Site Code is made by the U.S. Army EMS Medical Director.

d. Inappropriate conduct by training site staff members:

NREMT disciplinary policy, paragraph H, states the U.S. Army EMS Medical Director may exercise the authority to conduct a full investigation led by the U.S. Army EMS Credentials Background Investigation Branch. Training Site staff members who knowingly violate policies set forth by licensing / certification agencies or by U.S. Army EMS policy are subject but not limited to the following actions:

(1) No courses conducted

(2) Credentials placed in a probationary status due to misconduct related to their license

Chapter 3
Recertification and Sustainment Branch

3-1 Scope
Sustainment Branch (ems.sustainment@us.army.mil) serves as the subject matter expert on NREMT recertification issues and 68W combat skills sustainment. The section assists NREMT card holders who reside worldwide, both in deployed and non-deployed status.

3-2 Duties and Responsibilities
Provides assistance with registration and re-registration ensuring any lapse occurring while deployed is a seamless process. Monitors transition and sustainment status of 68Ws using MODS in conjunction with Total Army Personnel Data Base (TAPDB) and U.S. Army Human Resource Command (HRC) data bases. Analyzes and provides data to the Director, U.S. Army EMS for reporting to higher headquarters and MACOMs.

3-3 NREMT Registration
a. Purpose

NREMT conducts a national EMS certification program to certify and register EMS Professionals throughout their careers. Registry policies are established to assure the public, employers and other healthcare providers that NREMT certified persons demonstrated the requisite knowledge and skills to practice safely and effectively. National certification attests to your continued dedication to providing competent care and your commitment to the EMS profession. U.S. Army EMS oversees this valid and uniform process, which assesses the knowledge and skills for competent practice. By maintaining your national registration, you demonstrate that you meet MOSQ in accordance with AR 40-68 Chapter 4-3 Paragraph 2 (a) & (b).

b. Terms of Registration

Upon applying for registration and as a condition for the maintenance of registration, the individual bears the burden of demonstrating and maintaining compliance at all times IAW with NREMT and Army policies and/or regulation. U.S. Army EMS considers the individual to be solely responsible for his or her registration. Additionally, an applicant or registrant agrees to:

(1) Comply with rules and standards of the NREMT

(2) Complete registration continuing education unit (CEU) requirements

(3) Notify U.S. Army EMS of any change in certification and any other facts bearing on eligibility of registration, including, but not limited to:

a. The initiation of any disciplinary action by the Army or any State that resulted in suspension, revocation or expiration of State registration, license or termination of the right to practice as a 68W

b. Voluntary surrender of any State registration of license while under investigation and any felony conviction, within thirty (30) days of such occurrence

(4) Notify U.S. Army EMS within thirty (30) days of any condition that compromises the ability to practice.

(5) Not misrepresent or fail to provide information in connection with any application

(6) U.S. Army EMS may deny, revoke, or otherwise act upon certification of an individual who is not in compliance with rules and standards.

c. False presentation of NREMT certification

Personnel are subject to disciplinary action by the Army and NREMT. Suspicion of these acts based on information received by the NREMT is provided to the U.S. Army EMS for resolution. Administrative actions resulting from the above includes, but is not limited to:

(1) Denial, suspension or revocation of NREMT certification

(2) Denial of access to the NREMT secured website

(3) Notification to chain of command for UCMJ action

d. Eligibility

(1) Individual must at all times be eligible for and not barred from practice as an EMT as per AR 40-68 chapter 4-3 Paragraph 2 (a) & (b), U.S. Army EMS policies and any other state EMS or authorizing agency.

(2) NREMT certification expired while deployed, see paragraph 3-9.

(3) Not convicted of a felony, serious misdemeanor or any crime related to public health or the provision of EMS, including DUI.

(4) Provide payment of required fees. U.S. Army EMS and NREMT reserve the right to withhold or revoke any certification from individuals who fail to submit application fees. Candidates may not take the NREMT examination if the application fee has been stopped, cancelled or otherwise revoked for any reason.

3-4 Maintaining Certification- General

a. NREMT certification is mandatory for all 68Ws and must be submitted to the NREMT no later than (NLT) 31 March of their respective renewal year in order to remain MOS qualified IAW AR 40-68 Chapter 4-3 paragraph 2 (b). **See Appendix D 68W CEU Crosswalk, page 64 for Examples of CEU pathways and NREMT refresher training options.**

b. NREMT Re-registration can be accomplished in the following three manners:

(1) NREMT re-registration requirements

a. BLS - Must be NREMT approved and at healthcare provider level

b. 24 hour formal Army/State approved refresher course or 24 hours of equivalent CEUs with no more than 10 hours of continuing education via distance learning

c. 48 hours of additional EMS related continuing education

1. No more than 24 hours of CE can be in the same topic area
2. No more than 24 hours via distance learning

d. Skills Validation

1. Skills maintenance through annual documented quality assurance program (i.e. organizational competency based assessment folders)
2. Evaluation of six required EMT skills required for re-registration in a graded environment
3. TC8-800 (MEDIC) Table VIII

(2) TC 8-800, MEDIC tables I- VIII (**Army preferred method**) completed each year meets all requirements minus BLS

(3) Re-registration by Examination (at candidate's expense)

(4) If on-line registration process is unavailable please contact the U.S. Army EMS office

3-5 Military Online Re-registration

a. Only available to 68W Soldiers (**see Appendix A-2, 68W First Time Re-registration**)

b. CE data will be validated through MODS system

c. Utilizes CAC signatures

d. Civilian On-line re-registration

(1) Non-68W personnel completing online re-registration procedures must ensure they print the application and obtain the proper signatures and mail to NREMT NLT 31 March of the renewal year.

(2) Applications post-marked after 31 March of the respective expiration year will result in lapse of NREMT certification.

3-6 Fee Reimbursement

a. 68W NREMT-B Initial test fees are paid for by U.S. Army EMS

b. NREMT-B or Intermediate re-registration fees are paid for by U.S. Army EMS provided certification does not lapse other than those that occur while the Soldier is in U.S. Army EMS approved combat zones.

c. U.S. Army EMS will provide reimbursement for all eligible non-Cadre 68W Soldiers released from a WTU with a fit for duty finding.

d. Eligible 68W registrants who provided upfront payment for on-time re-registration (this does not include re-registration by examination) may request fee reimbursement by filling out a Standard Form (SF) 1034. This

practice should be rarely used as the on-line system in place and problems with that system are to be addressed to U.S. Army EMS prior to making an upfront payment.

e. SF 1034s can be found on the U.S. Army EMS web page at: https://apps.mods.army.mil/EMS/HomePage.aspx

f. All requests will be mailed in to U.S. Army EMS, address paragraph 3-8.a.2 and make it *ATTN: Chief, U.S. Army EMS* for processing and payment.

3-7 Exception to policy for deployed Soldiers

a. Policy is approved by Executive Director, NREMT and Director of U.S. Army EMS. All Department of the Army personnel who expire while deployed to the theater of operations for Operation Iraqi Freedom / Operation Enduring Freedom (OIF/OEF) will have a maximum of 90 days upon their redeployment date to renew their NREMT certification. *All other NREMT certified personnel will need to ensure that they do not allow their certification to expire or they will be required to follow the NREMT reinstatement policy.* Registrants must be aware:

(1) The 90-day maximum extension begins upon the return to duty station or home of record, in case of NG and RC Soldiers.

(2) Forms and required documentation, such as copies of course certificates, CE's, MODS printout and applicable fees (based on certification level), and deployment/redeployment orders are mailed to:

U.S. Army EMS Programs Management Office
ATTN: MCCS-OP-E, Sustainment Branch
2405 Reynolds Road Bldg 2266
Room 112
Ft Sam Houston, TX 78234

(3) U.S. Army EMS will review and validate individual packets and forward them to the NREMT for further processing and issue of a renewal card.

(4) The NREMT will reinstate those individuals that meet requirements and skills validation

(5) If re-registration forms are not complete, U.S. Army EMS or the National Registry will return the forms to the individual. Thirty (30) days are allowed to correct and return the packet to the sending office.

(6) CEUs used for reinstatement cannot be used for the next re-registration cycle.

b. This policy will be valid for the NREMT certification cycle occurring while the Soldier is deployed to a combat zone, currently OIF/OEF at the time of this writing. This policy is subject to change based on future operational requirements, and as the theaters mature.

Note: Department of the Army personnel deployed to the theater of operations for OIF/OEF may submit their application for re-registration from a designated Combat Zone directly to the NREMT via postal mail. However, if the re-registration form is incomplete, the form will be returned to the individual in a system prone to suffer delays and possible loss. Additionally, all correspondence should be sent utilizing a tracking method. (i.e.: FEDEX, DHL, UPS, certified mail, etc.) that is limited in a deployed setting. Therefore, prior to submission from a Combat Zone, ensure to carefully proof read the application ensuring accuracy and send via Delivery Confirmation and/or Certified Mail. Forms that are returned to the Soldier for correction and then sent back to the National Registry past the thirty (30) days allotted will be forwarded, along with the entire re-registration packet to U.S. Army EMS. The U.S. Army EMS will then validate that the 68W/EMT was in a designated Combat Zone, which prevented them from meeting the resubmission deadline.

3-8 Soldiers assigned to Warrior in Transition Unit (WTU)

a. Soldiers assigned to a WTU due to severe injuries may place their NREMT certification in inactive status. WTU Soldiers will need to submit a DA 4187 with a letter from their physician describing their expected length of recovery to U.S. Army EMS.

b. Soldiers assigned to a WTU due to severe injuries may allow their NREMT certification to expire.

c. WTU Soldiers who place their NREMT certification into Inactive status or allow it to expire will be considered non-MOS qualified. However, U.S. Army EMS will not recommend any administrative personnel actions to HRC.

d. Upon release from WTU with fit for duty finding, Soldiers will have 180 calendar days (based upon report date to gaining unit) to obtain an active NREMT certification at the basic level. Soldiers under this certification waiver need to contact U.S. Army EMS for assistance prior to permanent change of station (PCS) from WTU.

e. WTU Soldiers who allowed their NREMT certification to expire will need to renew their certification IAW NREMT re-entry policies unless other arrangements are established by U.S. Army EMS.

3-9 Y2 Removal Process

a. Soldiers who fail to meet transition requirements by established end dates will be recommended for personnel action IAW AR 40-68..

b. COMPO I Soldiers that have met transition requirements will submit DA 4187 with supporting documentation to U.S. Army EMS.

c. COMPO II will submit DA 4187 with supporting documentation to their respective state MILPO.

d. COMPO III will submit DA 4187 with supporting documentation to HRC- St Louis.

3-10 Failure to Maintain MOS Qualification

U.S. Army EMS in collaboration with HRC, State MILPOs, and HRC-St. Louis will monitor 68W sustainment status. Those 68Ws who fail to maintain MOSQ will be reported to higher headquarters for appropriate action.

3-11 Medical Operational Data System (MODS)

a. The U.S. Army tracking system for the 68W is MODS.

b. CEU data must be updated in MODS to meet re-registration requirements.

c. Unit Commanders need to appoint personnel with read/write access to 68W application of MODS.

d. Access to the 68W application of MODS can be requested via the MODS website at www.mods.army.mil. Soldiers will fill out required registration form and request appropriate read or write access. Write access must be approved by 1SG/commander or above in the Chain of Command.

3-12 Reciprocity Requests

a. Soldiers may request reciprocity from U.S. Army EMS.

b. Forward State application packets with required supporting documentation

(1) DD 214

(2) Army EMT course completion certificate

(3) Copy of current NREMT certification

(4) Copy of current BLS card

c. Mail reciprocity requests to the address in paragraph 3-9.

Chapter 4
Credentials Background Investigation Branch (CBI)

4-1 Scope
Credentials Background Investigation Branch (CBI) provides guidelines and verification of NREMT eligibility, for all U. S. Army EMS training sites. Initiate and complete investigations via internal and external sources for NREMT certified persons suspected of not meeting NREMT standards.

4-2 Purpose
a. As a State office of NREMT U.S Army EMS is charged to ensure the safety of the public.

b. EMS practitioners, by virtue of their state licensure, certification, or national registration, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants entering private property, and are subject to substantial oversight when engaging in "strip searches" or other intrusive practices. EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time.

c. Citizens in need of out-of-hospital medical services rely on the EMS System and the existence of state licensure/certification or national registration to assure that those who respond to their calls for aid are worthy of this extraordinary trust. It is well accepted in the United States that persons who have been convicted of credentials conduct may not serve as police officers. In light of the high degree of trust conferred upon EMTs by virtue of licensure, certification, or registration, EMTs are held to a similar, if not higher, standard. For these reasons, the EMS certifying/licensing/registration agency has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes.

4-3 Duties and Responsibilities
a. Credentials personnel will receive and review all Credential Background Questionnaires (CBQ), conduct interviews and coordinate with resources as necessary. This process will be monitored to protect limited training resources **(see Flow Charts A-5 and A-6).**

b. Students/Trainees will complete CBQs in a truthful, expedient manner.

c. PDs/CCs will complete all briefings IAW U.S. Army EMS standards, distribute and collect CBQs at the beginning of each course and forward promptly to this office for processing, paragraph 4-6 below.

d. For purposes of this policy, *Internal Investigations* are related to CBQ review and the NREMT test approval process for AIT/IET held courses. *External Investigations* are those involving the CBQ review and NREMT test approval process for courses other than AIT/IET.

4-4 Administrative Information
a. References

(1) DA PAM 611-21
(2) AR 350-6
(3) AR 601-210
(4) AR 600-200
(5) NREMT – Basic Policies and G
(6) Uniform Controlled Dangerous Substances Act
(7) U.S. Army EMS Policy Letter 1-09

b. Definitions/Guidelines

(1) Felony - A crime of a graver nature other than a misdemeanor. Generally, an offense punishable by death or imprisonment in excess of one year.

(2) Misdemeanor - An offense less than a felony; generally punishable by fine or imprisonment for a term of one year or less.

(3) Moral Turpitude - Any illegal activity or crime involving:

a. Any weapons, ammunition, explosives, and/or arson charges.

b. Any drug activity including possession, buying, selling, distribution (dealing) of legal and illegal medications and drugs.

c. Spousal, child, elderly abuse or physical harm to others.

d. Sexual misconduct of any kind.

(4) Warrant of Arrest - A writ issued by the state, city, or county, authorizing the arrest and detention of an individual for outstanding criminal activity.

(5) Probation - The action of suspending the sentence of a convicted offender and giving the offender freedom for good behavior with the premise of remaining under the supervision of a probation officer. A status judicially imposed on a criminal defendant who agrees to be supervised, usually formally, by a county probation department under specified conditions. Conditions of probation may include county jail, a fine, restitution to the victim, community work and or counseling.

(6) Pending Status - individuals may not take the NREMT exam until cleared by the U. S. Army EMS when one of the following occurs:

a. Self declaration of a criminal history disqualifier requiring verification.

b. Found to be involved with

1. Outstanding court requirements such as restitution, probation, or parole.
2. Currently pending adjudication such as outstanding fines or warrants.

(7) Denied - Any Soldier screened by the U. S. Army EMS that has been identified as not meeting the NREMT test eligibility requirements and is not authorized to take examination.

(8) Cleared - Any Soldier screened by the U. S. Army EMS that has been identified as meeting the NREMT test eligibility requirements and is authorized to take the examination.

4-5 Policies

a. U.S. Army EMS: Criminal Conviction

U.S. Army EMS will deny registration or take other appropriate action in regards to applicants for registration when a qualifying conviction has occurred. Decisions affecting eligibility will be based upon the Denial Categories.

b. U.S. Army EMS Denial Categories

(1) General Denial

Registration of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the below crimes will be denied in all cases.

a. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of crime, such as forcible rape.

b. Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.

c. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

(2) Presumptive Denial

Applications for registration by individuals in the below categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

a. Certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation or on parole.

b. Certification by individuals convicted of crimes in the below categories unless two to five years have passed since the conviction and/or confinement:

1. Serious crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson.

2. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act.

3. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.

4. Any other crime involving sexual misconduct.

(3) Discretionary Denial

Applications for registration by individuals convicted of any crimes including DUI, but not including minor traffic violations may be denied after consideration of the following factors.

a. Seriousness of the crime.

b. If the crime relates directly to the skills of pre-hospital care service and the delivery of patient care.

c. Amount of time has elapsed since the crime was committed.

d. Did the crime involved violence to, or abuse of, another person.

e. Whether the crime involved a minor or a person of diminished capacity.

f. Since the crime occurred has the applicant's actions and conduct remained consistent with holding a position of public trust.

(4) Appeals Process **(See Flow Chart A-8)**

a. AIT/IET Soldiers

Soldiers have 72 hours to appeal the DCMT Medical Director's decision to the U. S. Army EMS. Soldiers will utilize their chain of command to accomplish this process.

b. Non-AIT/IET Sites

The NREMT Appeals Committee conducts an appeal hearing for all students who were denied by the U.S. Army Medical Director. Persons in this status have 45 days to submit their appeal in writing to the NREMT. Applicants may appeal decisions made by the Registry as outlined in the NREMT Registry Disciplinary Policy.

(5) Request for Revocation/Abeyance/Re-instatement of NREMT Certification **(See Flow Chart A-7)**

a. Military: All formal requests for revocation, abeyance or re-instatement must be submitted by the first O-3 (CPT) in the Soldiers Chain of Command who possess Uniform Code of Military Justice (UCMJ) authority. Initiation of revocation, abeyance or re-instatement process will not begin until official receipt of Commanders formal request for such action by U.S. Army EMS.

b. Civilian: All formal requests for revocation, abeyance or re-instatement must be submitted by an official from within the formal rating chain. Initiation of revocation, abeyance or re-instatement process will not begin until official receipt of formal rating chain official request for such action by U.S. Army EMS.

c. Formal requests must be submitted on official unit letterhead and include the following information:

1. Soldiers rank, full name, social security number, date of birth and NREMT certification number

2. Nature of request: revocation, abeyance, or re-instatement

3. Brief explanation of circumstances regarding request to include (if applicable) dates in which misconduct occurred.

4. Designated point of contact information.

5. Commanders signature block with signature.

6. Supporting documentation:

(a) Witness statements

(b) Civilian courts / law enforcement reports and findings

(c) CID summary reports with findings

(d) MPI summary reports with findings

(e) Commanders inquiry (15-6 investigation) summary report with findings, recommendations and any corrective / disciplinary action taken.

(f) Drug Urinalysis results

(g) Judicial and non-judicial adjudication results (civilian and military)

d. Acceptance of formal requests by personnel other than officials designated in paragraph 5 (a) (b) will not occur unless one of the following applies:

1. Personnel on assumption of command orders.
2. Personnel designated as Rear-detachment Commanders
3. Any official within the Soldier or civilian's rating chain to include Civilian Personnel Office officials

e. Upon receipt of request and supporting documentation a review will be conducted and recommendations forwarded to the U.S. Army EMS Medical Director for disposition.

f. A summary report, including any action taken by the U.S. Army EMS will be forwarded to:

1. Human Resources Command (HRC)/appropriate Federal agency
2. Executive Director of the NREMT
3. Unit Commander/Rating Official
4. Soldier/employee

g. Personnel whose NREMT certification is placed in abeyance status are prohibited from performing patient care duties.

h. Personnel whose NREMT certification has been revoked are subject to personnel action(s) IAW applicable governing regulations/policies.

4-6 Responsibilities for Advanced Individual Training/Initial Entry Training (AIT/IET) Personnel

a. Course Coordinator

(1) Ensures that the U. S. Army EMS Credentials Background Briefing is given to all Soldiers prior to completing the U.S. Army EMS CBQ.

(2) All CBQs must be submitted to U.S. Army EMS within 72 hours of course start date with a memorandum for record designating all personnel who failed to complete a questionnaire.

b. DCMT Company Class Advisor

Must notify CBI of all Soldiers that are recycled, reclassified, recalled from active duty (REFRAD), or are on any type of "hold" status,.

c. EMT OIC/Senior Instructor (SI)

(1) Schedule interviews of Soldiers by the CBI. The timeframe to complete all interviews is within 2 weeks of course start date.

(2) Ensure communication from CBI is disseminated promptly to Soldiers.

(3) Notify Soldiers of NREMT test eligibility status.

d. Company Commander/ISG

Notify CBI of any Soldiers facing:

(1) UCMJ actions

(2) Civilian Legal Actions

(3) Positive urinalysis test

e. CBI

(1) Notify course coordinator, class advisor, EMT OIC/SI, Company Commander, and 1SG of Soldiers status on weekly basis.

(2) If a Soldier in IET is denied test eligibility a memorandum will be forwarded to:

a. NREMT
b. Company Commander
c. AMEDD Personnel Proponency (APPD)
d. USAREC G-3, Medical Policy NCO
e. AMEDDC&S ARNG/USAR Liaison (as applicable)
f. Academic Standards
g. Soldier.

4-7 Responsibilities of Site Personnel in other than AIT/IET

a. Course Coordinator

(1) Ensures that the U. S. Army EMS Credentials Background Briefing is given to all Students prior to completing the U.S. Army EMS CBQ.

(2) All CBQs must be submitted to U.S. Army EMS within 72 hours of course start date with a memorandum for record designating all personnel who failed to complete a questionnaire.

(3) Send all CBQ's marked "YES" to U. S. Army EMS credentials background section by fax at (210) 221-2704 or e-mail to ems.credential@us.army.mil with attached PDF files titled with student name and date completed.

(4) Ensure the site code is annotated on the fax cover sheet along with a point of contact (POC) and if sending via e-mail ensure to place the Site Code in the 'subject' line and all POC in the e-mail body.

(5) Coordinate necessary interviews with CBI.

(6) Notify Soldiers of NREMT test eligibility.

b. CBI

Notify course coordinator of Soldiers status within seven business days based on the following categories: pending, cleared, and denied.

c. Course Site Medical Director determines NREMT test eligibility for all Students their U. S. Army EMS site.

d. U.S. Army EMS Medical Director is the sole authority for all appeals.

Chapter 5
Compliance and Regulatory Branch

5-1 Scope

Compliance Branch (ems.compliance@us.army.mil)is responsible for conducting Site Visits each month to ensure each location is conducting training IAW U.S. Army EMS policies. The schedule is determined by the Soldier through-put with a goal to visit each site at least every two years.

5-2 Duties and Responsibilities

a. Conduct periodic Staff Assistance Visit, Audit and/or Investigative Site Visit.
b. Prepare in and out-briefings, after action reviews, correspondence, and/or technical reports
c. Develop evaluation strategies and recommendations for site improvement in both processes and training based on visit observations and documentation.
d. Utilize the MODS, 68W Portal, Army Knowledge Online and the AMEDDC&S Portal to track all training site information and provide weekly status reports to management

5-3 Definitions

a. Staff Assistance Visits

Staff Assistance Visits (SAVs) are not inspections but are teaching and training opportunities that support staff inspections. SAVs can occur at the discretion of the commander or a staff principal at any level can request a SAV from the next higher staff echelon. U.S. Army EMS may also initiate a SAV for sites they anticipate may benefit from the outside review of the Site's operations and records. SAVs can aid staff sections in preparing for upcoming inspections or train staff sections on new concepts, technologies, or operating techniques. The Compliance Branch will send a Letter of Intent to the S-3 (Operations) of the Site being visited thirty (30) days prior to arrival or sixty (60) days if the Sites are United States Army Reserve or Army National Guard. MSTC locations will contact the responsible Division/Corps Surgeon's Office, participating Garrison Operations or Hospital Education Section, and the MSTC Director/TOR. Along with this written notification a copy of the following will be included:

(1) Inspection checklist
(2) The Inspector's proposed schedule
(3) U.S. Army EMS flyers/pamphlets

b. Audit Visits

Audit Visits (AVs) are performed as part of the regularly scheduled monthly visits as based on through put and to meet the minimum biannual visit schedule. It is preferable to perform these visits during training events. The CC must be available during the visit and if not available for short periods within the visit the PI is the acceptable substitute. All documentation, equipment and facility will be reviewed with a report prepared for approval by the Chief, U.S. Army EMS. The Compliance Branch will send a Letter of Intent to the S-3 (Operations) of the Site being visited thirty (30) days prior to arrival or sixty (60) days if the Sites are United States Army Reserve or Army National Guard. MSTC locations will contact the responsible Division/Corps Surgeon's Office, participating Garrison Operations or Hospital Education Section, and the MSTC Director/TOR. Along with this written notification a copy of the following will be included:

(1) Inspection checklist
(2) The Inspector's proposed schedule
(3) U.S. Army EMS Programs Management Office flyers/pamphlets

c. Investigative Site Visits

Investigative Site Visits (ISVs) are performed due to suspected site misconduct. During this event it is not required to give the Command Group a thirty (30) or sixty(60) day notice, but rather a one to three (1-3) day notice. MSTC locations will contact the responsible Division/Corps Surgeon's Office, participating Garrison Operations or Hospital Education Section, and the MSTC Director/TOR. All efforts should be made to contact the Command Group prior to arriving to the site. However if the Inspection Team was unable to contact the Command Group, upon

arrival they will report and provide an In-brief to them.

d. Denial of access to perform a Training Site visit could result in a suspension (temporary or permanent) of Medical Training under that Site Code by the U.S. Army EMS. All civilian related agencies will be notified that any training during the suspension period will be considered invalid. The Compliance Branch will reschedule another visit at the U.S. Army EMS Chief or Medical Director discretion, not that of the Training Site or their Command Group.

5-4 Visit Phases

a. Administrative Preparation— A Letter of Intent signed by the Chief, U.S. Army EMS proposed visiting staffs itinerary and a checklist with the minimum areas to be inspected will be emailed to the Organization's S-3 (Operations). MSTC locations will contact the responsible Division/Corps Surgeon's Office, participating Garrison Operations or Hospital Education Section, and the MSTC Director/TOR. During the thirty (30) or sixty (60) day time frame the POCs will be contacted to provide information as needed prior to the visit and U.S. Army EMS prior Site Code documentation will be reviewed.

b. Visit

(1) In-Brief: Prior to the commencement of any SAV, AV or ISV a Formal In-brief will be conducted. It is recommended that a LTC/O-5 or Civilian Equivalent be present during the In-Brief. This is to ensure that the Command Group is aware of all actions taking place. At a minimum the content of the In-brief will include the EMS Mission Statement; purpose of the visit; objectives and areas of concern.

Note: Assistance / Audit — The order of the visit may be customized in order to view training in action. Otherwise, the order of the visit following the In-Brief is as follows:

a. Review of Site Code and Course historical documentation
b. Review of current course documentation
c. Q&A in regard to documentation and capture of missing documentation
d. Observation of classroom instruction
e. Observation of hands-on training with partial trainers
f. Observation of 'putting it all together' sessions and trauma lanes

(2) Out-Brief- the time for this brief will be decided upon prior to the visit. This brief is a courtesy as a final report will be forwarded via postal mail from the Chief, U.S. Army EMS to the Command Group, usually within 7-10 business days starting the day after the visit ends. Topics that are covered are as follows:

a. General observations
b. Major problems with identification of root causes
c. Strengths and weaknesses
d. Trends and other significant matters
e. Recommendations and feedback
f. Overall rating and recommended actions

5-5 Audit Checklists

Audit checklists are utilized to measure/gauge the level of compliance to the appropriate standard of a particular area. The checklist will assist the U.S. Army EMS in determining whether or not a training site is meeting the established standards for 68W training. Comments made by the Inspector(s) and the following grading scale will be utilized and shown in the final report.

a. Excellent- Exceeded the standards
b. Satisfactory- Met the standards
c. Unsatisfactory-Did not meet the standards
d. N/A-Does not apply or not inspected

Note: Example of critical area (exclusion of the student's patient contact sheets) Example of non-critical area (missing appointment orders for the Primary Instructor)

5-6 Final Report

The final report and follow-up will occur with the assigned POC after the thirty (30) day Command Group window to address report discrepancies. If it has been determined that a site receives a suspension due to the observations of the visit, the only acceptable means of follow-up will be an on-site re-inspection U.S. Army EMS Command Staff or designated personnel. The repeat visit will usually occur within ninety (90) days of the Official Trip Report date unless otherwise determined by U.S. Army EMS to occur at a later date due unusual circumstances.

Chapter 6
Medical Simulation Training Center Branch

6-1 Scope
MSTC Branch (ems.mstc@us.army.mil) facilitates the sustainment of 68W, specifically for the combat skill set, as well as the training and sustainment of the Combat Life Saver (CLS) utilizing simulation technologies and AMEDDC&S approved POIs. Currently there are 16 MSTC-Initial (MSTC-I) sites and 4 MSTC Central Command validation sites, one large in Kuwait and 3 small locations in Afghanistan. Scope will increase as new sites are developed and current sites brought under a standardization model under the Army funded training/range program. The current end goal is 34 MSTC-Standard locations throughout CONUS/OCONUS non-deployed locations.

6-2 Duties and Responsibilities
U.S. Army EMS is the MEDCOM responsible office providing oversight for the fielding, maintenance, training and regulatory oversight of the U.S. Army MSTC Non-Standard Training/Range Program. The U.S. Army EMS MSTC Liaison Officer works in partnership with TRADOC and PEO STRI Medical Simulation Program Manager (PM MedSim) to ensure compliance with Army regulation and policy related to Army funded programs (see Figure 6-1).

6-3 Current MSTC-I Locations (Figure 6-2 as of 31 December 2008)

Camp Shelby, MI
Ft Bliss, TX
Ft Bragg, GA
Ft Campbell, NC
Ft Carson, CO
Ft Dix, NJ
Ft Drum, NY
Ft Hood, TX
Ft Lewis, WA
Ft McCoy, WI
Ft Riley, KS
Ft Stewart, GA
Ft Wainwright, AK
Schofield Barracks, HI
South Korea
Vilseck, GE

6-4 Training
a. Priorities
As an Army training asset the MSTC provides access to Soldiers within that location's region, which is currently being defined to match throughput requirements for 68W sustainment as well as CLS training and sustainment for the 34 future locations. In order to provide the access needed to meet the customer base locations utilize three training priorities to allocate the resources of the MSTC.

(1) Priority One: next deploying units – those units which are preparing to deploy, specifically those deploying within six months. These units will be given access over scheduled and unscheduled training to meet Division/Corps 68W and CLS deployment requirements.

(2) Priority Two: sustainment – sustainment of combat medical skills for medical Soldiers via TC 8-800 tables I and VIII and for non-medical personnel via CLS annual certification and training.

(3) Priority Three: as available – training which meets additional training desired by using units, and is provided only when time and resources allow. This training includes, but is not limited to: CLS courses, validation of skills for unit trainers, NREMT courses, and TC 8-800 tables II-VII.

b. Scheduling Training

There are multiple methods to schedule training at the MSTC. Overall training schedules are governed by the Oversight Committee that at minimum meets quarterly. This committee ensures training priorities listed above are followed and resolves schedule conflicts. To schedule training follow one of the below processes:

(1) Call the MSTC to schedule individual or a block of Soldiers on the posted course schedule

(2) Utilize Oversight Committee representative to present training requirement at quarterly or annual schedule planning meeting. Ensure to provide:

a. Ensure to list the purpose of the training to meet one of the above priorities
b. List the number and types of Soldiers to be trained (68W, CLS certification/recertification)
c. List the number and if possible the names of Affiliate Instructors to be utilized for the event
d. Predict the hours the range will be utilized to ensure resources can be matched

(3) Utilize ATRSS to schedule a Soldier for posted courses

(4) Call the Garrison DPTMS to block the MSTC for upcoming unit exercise and list criteria listed in sub-paragraph b above. This training requirement will be addressed at the Oversight Committee by DPTMS representative with approval of scheduling based on training need in regard to priority and consideration given for COMPO II and III units with limited training windows at a MSTC location.

c. Training Schedules

Each MSTC Director will forward the annual planned schedule to the MSTC Liaison upon its completion and NLT than the first business day in September of the FY prior to the schedule. Updates will be sent as completed and reports of no changes, if applicable, will be sent post the completion of each quarterly Oversight Committee meeting.

6-5 MSTC Specific Site Visits

a. Announced

Visits of this type fall under two categories, a SAV to provide guidance in adjusting training or to brain storm in creating training to meet the customer's needs and a AV formal inspection of the facility, instruction and records to ensure all are IAW policy to include that of the NREMT. A minimum of thirty (30) calendar days prior to the visit the MSTC Director will be informed of the visit in writing (scanned memorandum), its purpose, and who is planning to attend. Assistance visits may be requested by the MSTC Director or Medical Director.

b. Unannounced

Visits of this type fall under two categories, ISV to inspection of training, records, and facility due to perceived deviation from processes, actions or training not IAW policy or a random inspection of training, facilities, and records that is related to other travel purposes. If appropriate up to 72 hours announcement may be provided via e-mail or phone and visits planned to visualize actual training scheduled to occur.

6-6 Oversight Committee duties and responsibilities

This committee is the check and balance system created to ensure customer needs are met and training events are planned IAW Army approved training priorities. The committee is responsible to plan an annual training schedule to meet major customer (Brigade/Unit of Action/Hospital Facility) training needs with that schedule forwarded to U.S. Army EMS. The committee will meet quarterly at a minimum utilizing a method ranging from physical attendance to multi-line phone conference that ensures presentation of issues and open discussion

among all present members. Each major customer will be given the option of providing one (1) voting member in the committee. Voting committee members and their duties will consist of:

a. MSTC Director

(1) Committee leader and decides vote ties

(2) Organizes meetings, plans the agenda, maintains minutes

(3) Forwards results to U.S. Army EMS to include annual schedule plan and changes

b. Chief Garrison DPTMS or their representative

(1) Represents IMCOM for training requests through garrison of units not covered in sub-paragraphs d, e, or f below

(2) Assists in predicting future training needs of COMPO II and III units utilizing that post for training. COMPO II and III units request training area and ranges via DPTMS for Annual Training, weekend drills and deployment preparation

(3) Coordinates construction, facility and lane maintenance requiring adjustment of available training times

c. Site Medical Director

(1) Provides voice to the medical applicability of training requested ensuring it meets approved training priorities

(2) Promotes MEDCOM vision of point of injury care and 68W sustainment priorities ensuring training offered supports that balance.

d. Brigade (BDE) Surgeons within the regional customer base or their representative

(1) Provide individual BDE and subordinate unit priorities of training based on need for 68W sustainment and CLS certification requirements so that required and wanted throughput is determined for yearly planning.

(2) Forecasts needed training windows based on overall BDE training plan and provides adjustment requests as needed

(3) Provide vision of CDR requested training events and courses

e. Battalion Level Unit Training Officers/ Surgeon of units not under BDE CMD and within the MSTC customer base or their representative

(1) Provide individual BN and subordinate unit priorities of training based on need for 68W sustainment and CLS certification requirements so that required and wanted throughput is determined for yearly planning.

(2) Forecasts needed training windows based on overall BDE training plan and provides adjustment requests as needed

(3) Provide vision of CDR requested training events and courses

f. MEDCEN/MEDDAC Chief of Hospital Education/Training and Operations Section or their Representative

(1) Provide individual medical facility and subordinate unit priorities of training based on need for 68W sustainment requirements so that required and wanted throughput is determined for yearly planning.

(2) Provide vision of CDR requested training events and courses

6-7 Site Positions, duties and responsibilities

a. MSTC Director

(1) Prioritizes daily work for each MSTC utilizing Site Lead for direction of contract workers to include administrative needs, training, and equipment maintenance

(2) Liaison with U.S. Army EMS to ensure site code and course codes maintained ensuring data updates, reporting as required and courses meet AMEDDC&S standards

(3) Coordinates with IMCOM for facility and lane maintenance requirements

(4) Leads the Oversight Committee

b. Site Medical Director

(1) Remain available for consultation during training events

(2) Provide direction as needed for course content and instruction of the content IAW AMEDDC&S POIs

(3) Approves course and training agendas to ensure meeting approved range training priorities and MEDCOM medical care vision

(4) Assigned to position for a minimal of one year

(5) Meets CMAST Physician requirements as listed under the Accreditation chapter

c. Course Coordinator (MSTC Director may fill position; minimal expected length of duty tour is 1 year)

(1) Remains immediately available throughout all coded courses as required in the Accreditation chapter

(2) Ensures prior to a course that code is received and attendance number is verified to finalize planning of resources and instructors meet course training plan

(3) Coordinates with Primary Instructor to ensure Affiliate Instructors scheduled and required documentation updated

(4) As applicable coordinates for testing as required

d. Primary Instructor (minimal expected length of duty tour is 1 year)

(1) Remains immediately available throughout all coded courses as required in the Accreditation chapter and for and additional training events

(2) Coordinates with Affiliate Instructors scheduled to ensure instruction IAW AMEDDC&S standards

(3) Works with Course Coordinator to ensure resources required available for course and remedial training as required

(4) Ensures testing required IAW with standards and grades student patient encounters providing feedback

(5) Works with students requiring remedial training to develop a plan and evaluates that outcome documenting in student record

e. Contract Instructors and Administrative Support

(1) Site Lead

a. Contractor assigned representative for local staff who provides work direction and counseling as required by the contractor policies

b. Provide instruction, training preparation and maintenance IAW time allotted within the statement of work and IAW policies and standards

(2) Assistant Instructors/Maintainers

Provides instruction, training preparation and maintenance IAW time allotted within the statement of work and IAW policies and standards

(3) Administrative Assistant

Provides administrative support for instruction, training preparation and reporting to include MODS input of 68W data IAW time allotted within the scope of work and IAW policies and standards

f. Affiliate (unit) Instructors

Coordinates with Primary Instructor to ensure instruction IAW AMEDDC&S standards and for resources required prior to start of course and non-course training events

6-8 Students/Trainees

a. Remain under their unit for UCMJ action

b. Will be counseled by the CC or PI for progression and final course outcome. Note: Data is entered into MODS student record by MSTC staff.

c. Will be prompt, prepared, professional and promote a positive educational environment. Those who fail to do so will be removed from the course with their Command notified.

6-9 Administrative Data

a. Student Records

Will be maintained for a minimum of two years in a rolling fashion so that 24 months remain on file in addition to the current month.

b. Reports

An electronic copy of all reports will be maintained by date and title for historical reference

c. Electronic AER system and student training report

Once developed staff will be provided new equipment training (NET). The purpose of this system will to electronically capture multiple media data points for an efficient AER system during training, an ability to provided unit trainers with hard copy feedback of student strengths and weaknesses, document for Commanders in a standard format a third party evaluation and validation of their Soldier medical combat skills, and the ability to export data for research and to the Soldier's gaining MSTC.

6-10 POIs

a. AMEDDC&S and U.S. Army EMS approved instruction are to be utilized and are to meet the primary intent of MSTC training, point of injury combat training for the 68W and CLS certified Soldier as approved by the Department of the Army.

b. Courses other than above may not occur without the consent of the MSTC Liaison or the U.S. Army EMS Medical Director.

c. All training scenarios and course material developed locally or received through an approved POI are to remain at the MSTC.

FIGURE 6-1

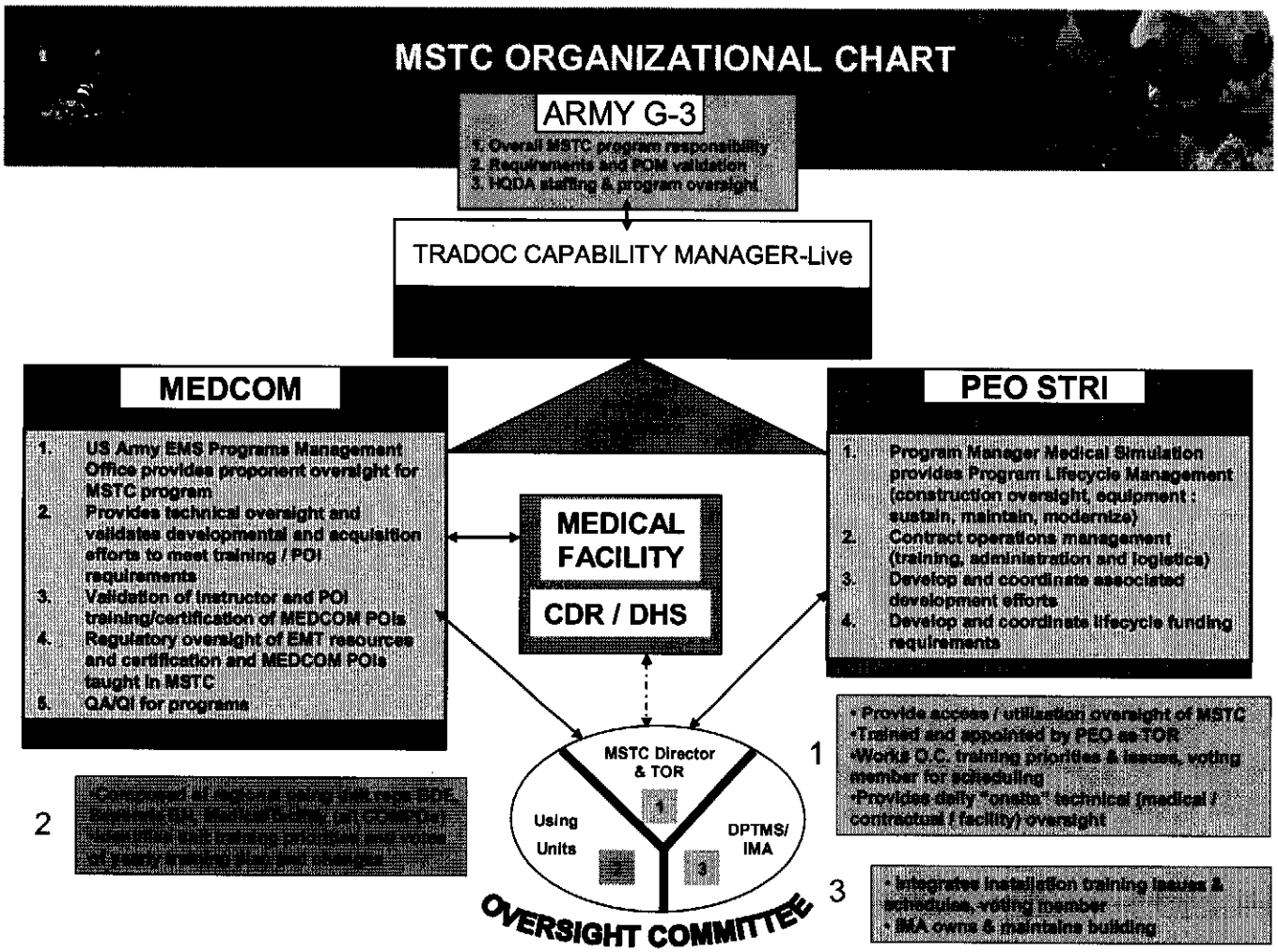
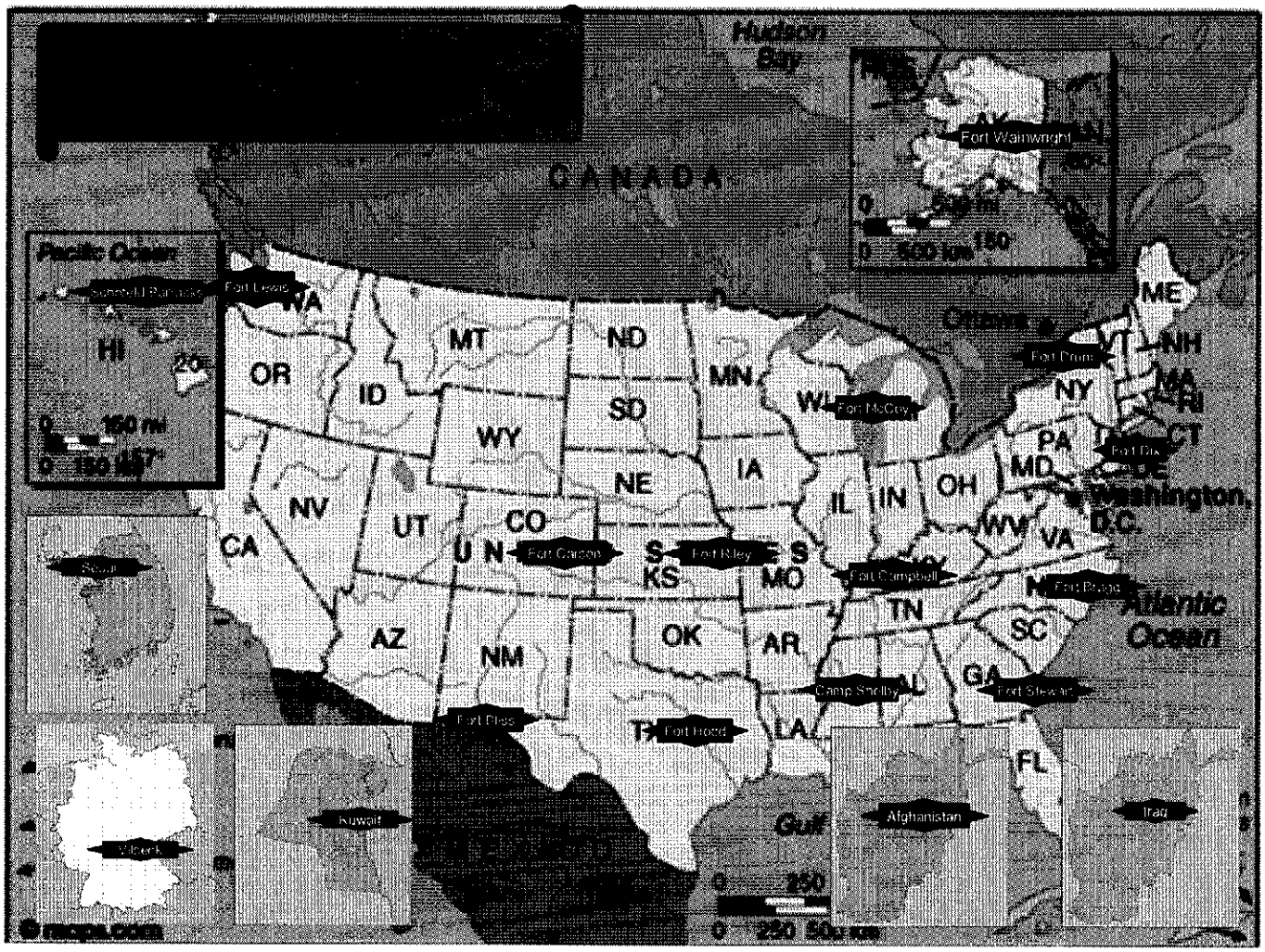

MSTC ORGANIZATIONAL CHART
ARMY G-3
1. Overall MSTC program responsibility
2. Requirements and POM validation
3. HQDA staffing & program oversight
TRADOC CAPABILITY MANAGER-Live
MEDCOM
1. US Army EMS Programs Management Office provides proponent oversight for MSTC program
2. Provides technical oversight and validates developmental and acquisition efforts to meet training / POI requirements
3. Validation of instructor and POI training/certification of MEDCOM POIs
4. Regulatory oversight of EMT resources and certification and MEDCOM POIs taught in MSTC
5. QA/QI for programs
MEDICAL FACILITY
CDR / DHS
PEO STRI
1. Program Manager Medical Simulation provides Program Lifecycle Management (construction oversight, equipment : sustain, maintain, modernize)
2. Contract operations management (training, administration and logistics)
3. Develop and coordinate associated development efforts
4. Develop and coordinate lifecycle funding requirements
MSTC Director & TOR
1
Using Units
2
DPTMS/ IMA
3
OVERSIGHT COMMITTEE
1
• Provide access / utilization oversight of MSTC
•Trained and appointed by PEO as TOR
•Works O.C. training priorities & issues, voting member for scheduling
•Provides daily "onsite" technical (medical / contractual / facility) oversight
2
3
• Integrates installation training issues & schedules, voting member
• IMA owns & maintains building

FIGURE 6-2



Hudson Bay
CANADA
Fort Wainwright
Pacific Ocean
Fort Lewis
HI
WA
OR
ID
MT
ND
SD
WY
MN
WI
Fort McCoy
NE
IA
IL
IN
OH
NV
UT
CO
CA
U N
Fort Carson
S
Fort Riley
KS
MO
Fort Campbell
TN
AZ
NM
OK
AR
Camp Shelby
GA
Fort Stewart
Fort Bliss
Fort Hood
LA
FL
Kuwait
Afghanistan
Iraq
Gulf
Ottawa
Fort Drum
ME
NH
NY
PA
MD
Fort Dix
Washington, D.C.
WV
VA
Fort Bragg
Atlantic Ocean
SC
Stewart
Wilcock

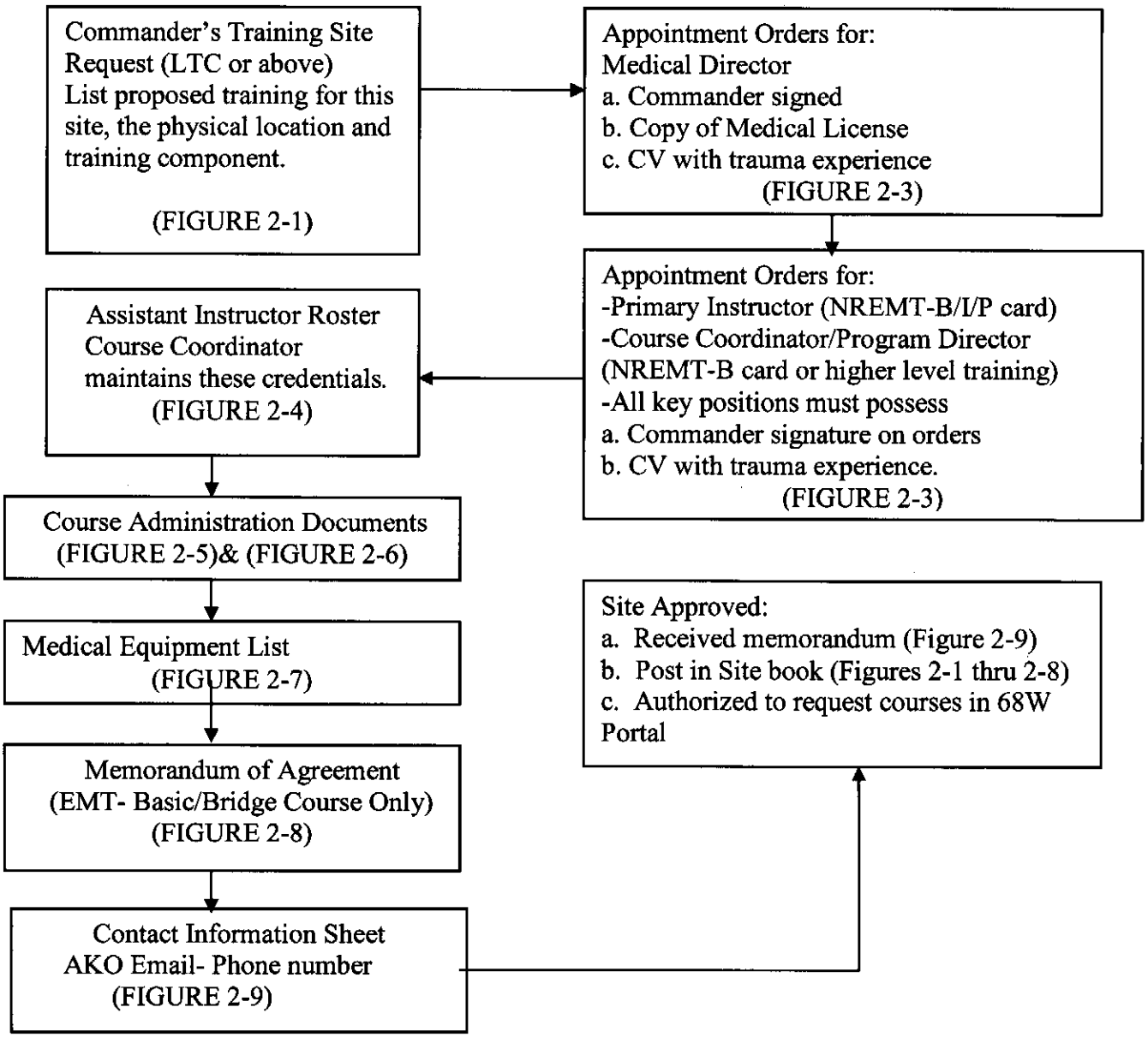
Appendix A

U.S. Army EMS Programs Management Office Branch Flowcharts

Flow Chart A-1

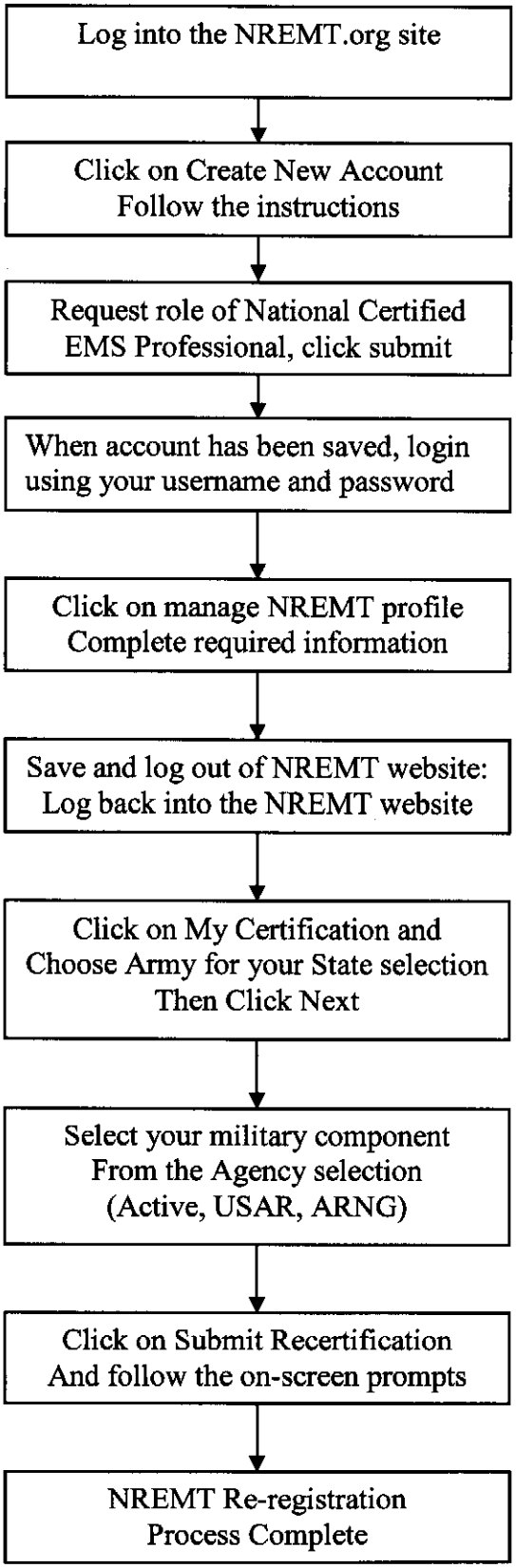
How to establish a Training Site

Training Sites may be approved for:
1- EMT-Basic 80 or 110 hour Course
2- EMT-Basic/Intermediate/Paramedic Refresher
3- CMAST for:
Transition (30 hr course)
Sustainment (24 hr course)
4- MEDIC- TC 8-800



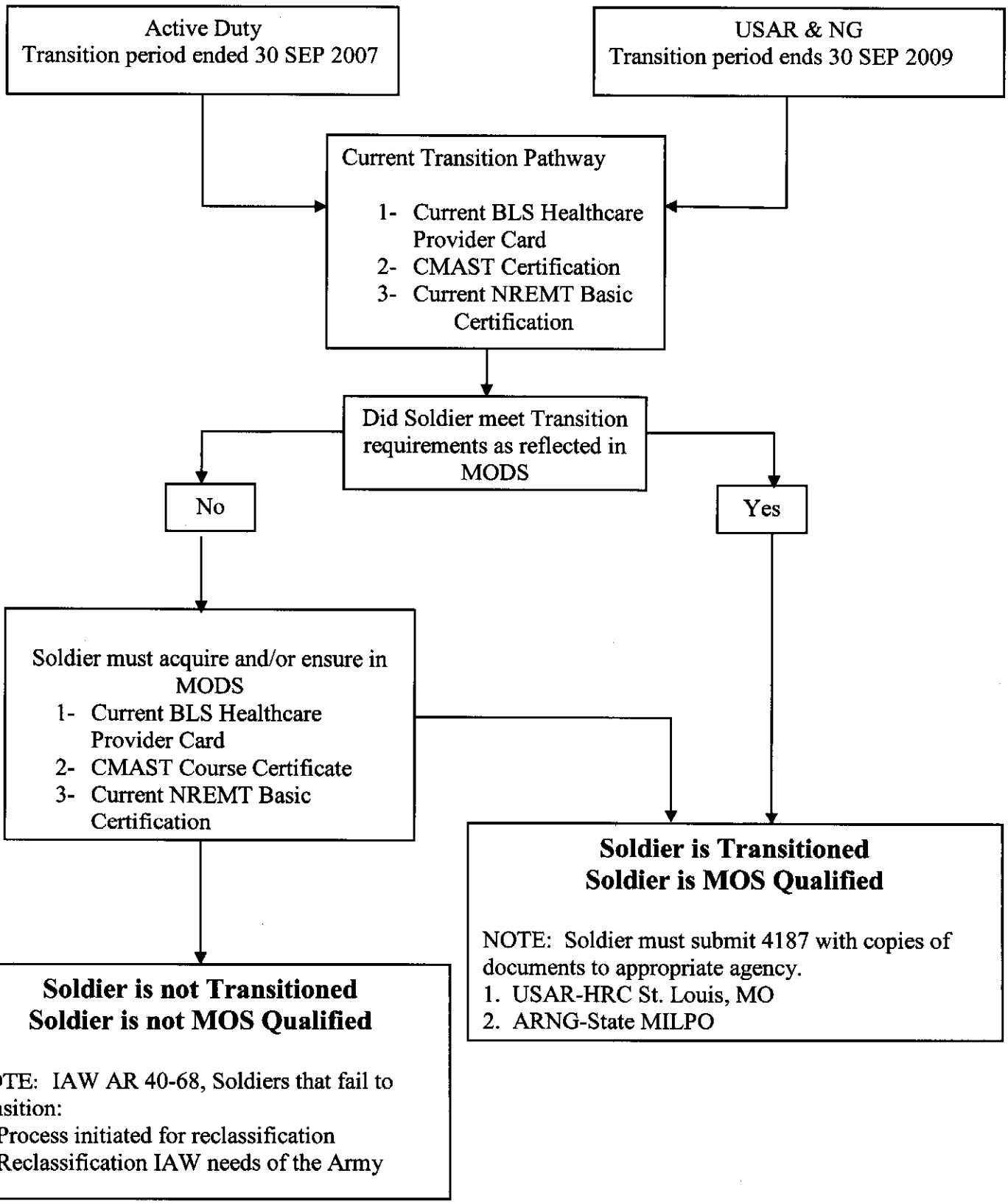
Flow Chart A-2

68W FIRST TIME RE-REGISTRATION FLOW CHART



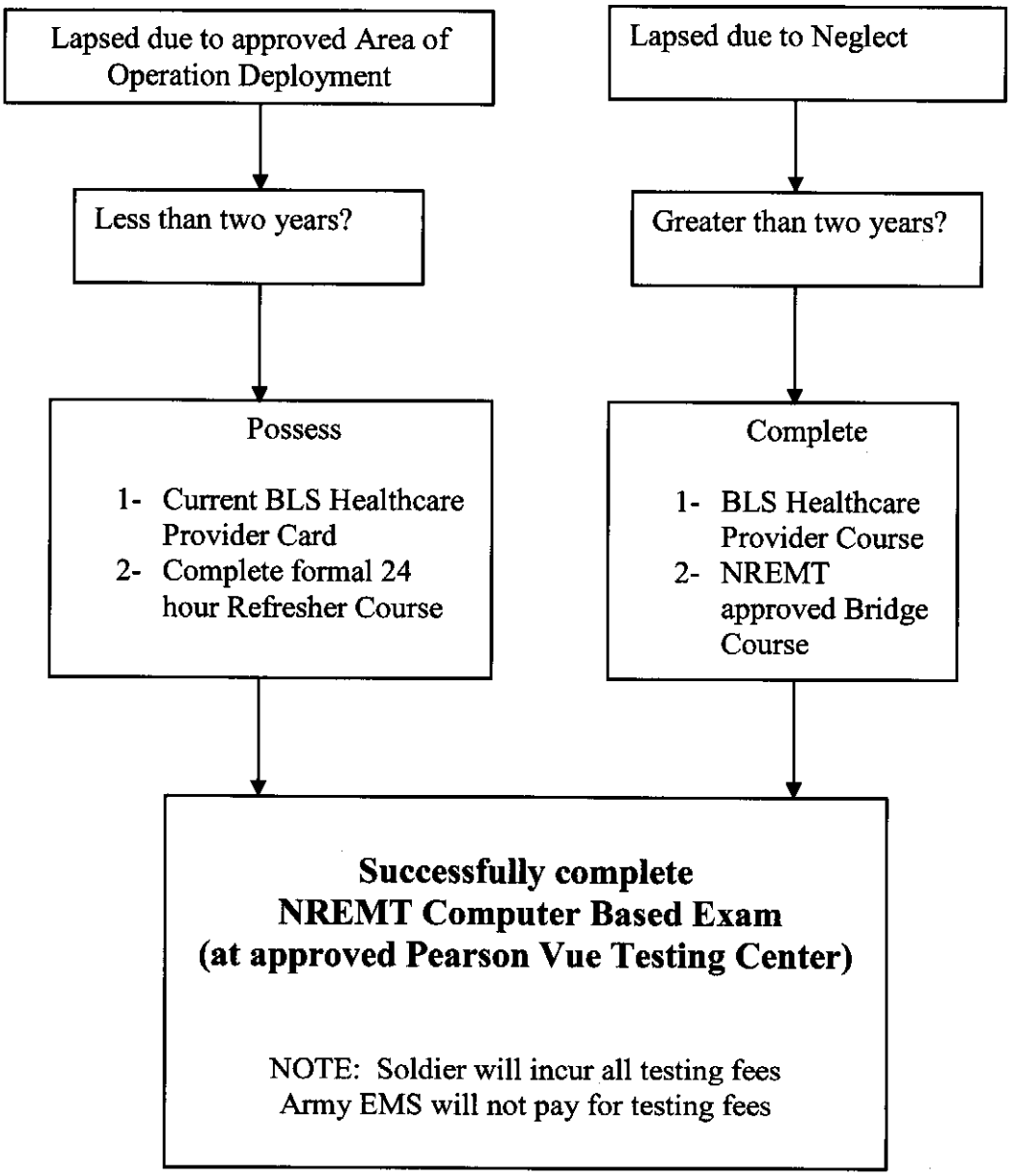
Flow Chart A-3

Transition Process



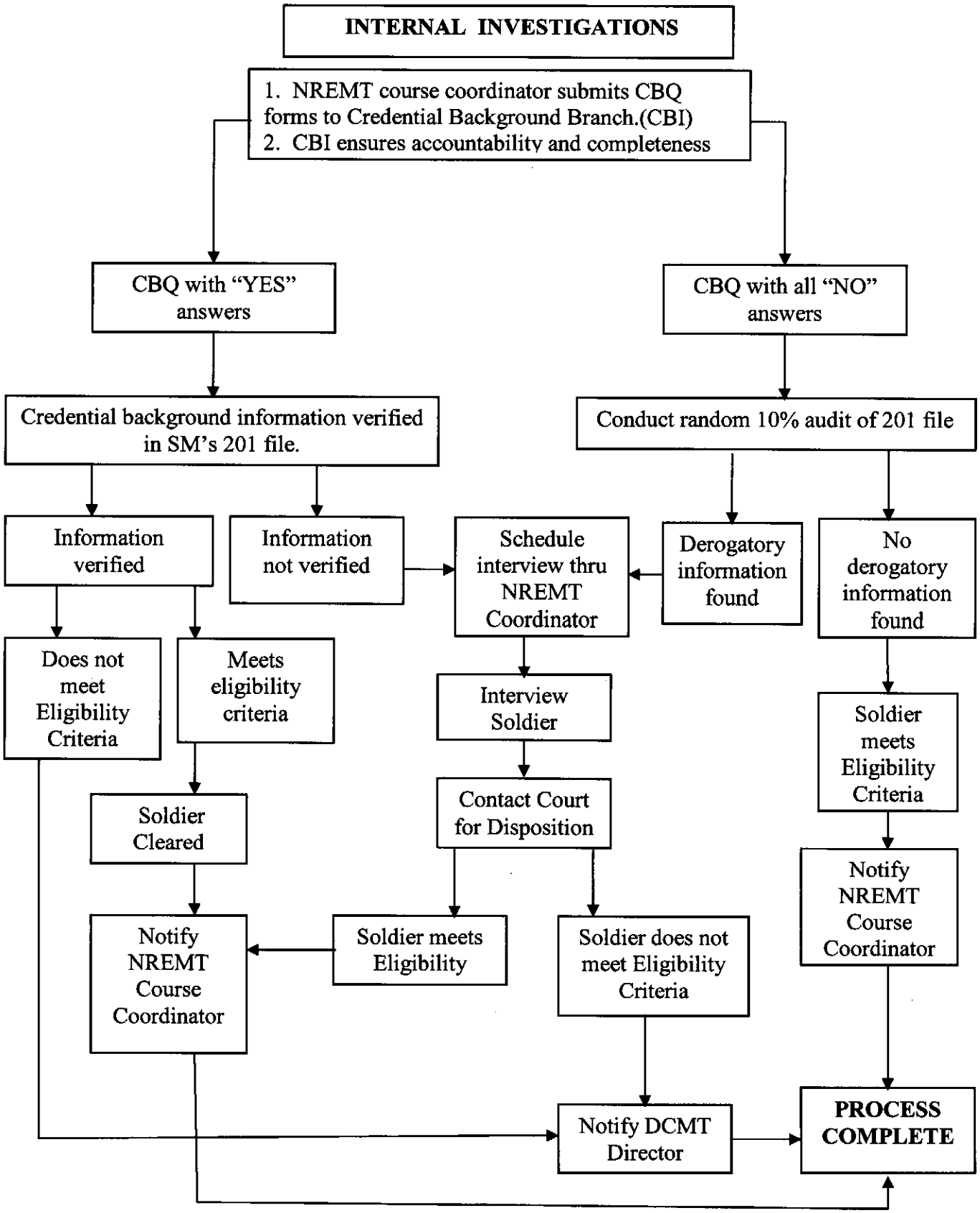
Flow Chart A-4

NREMT Recertification Pathways



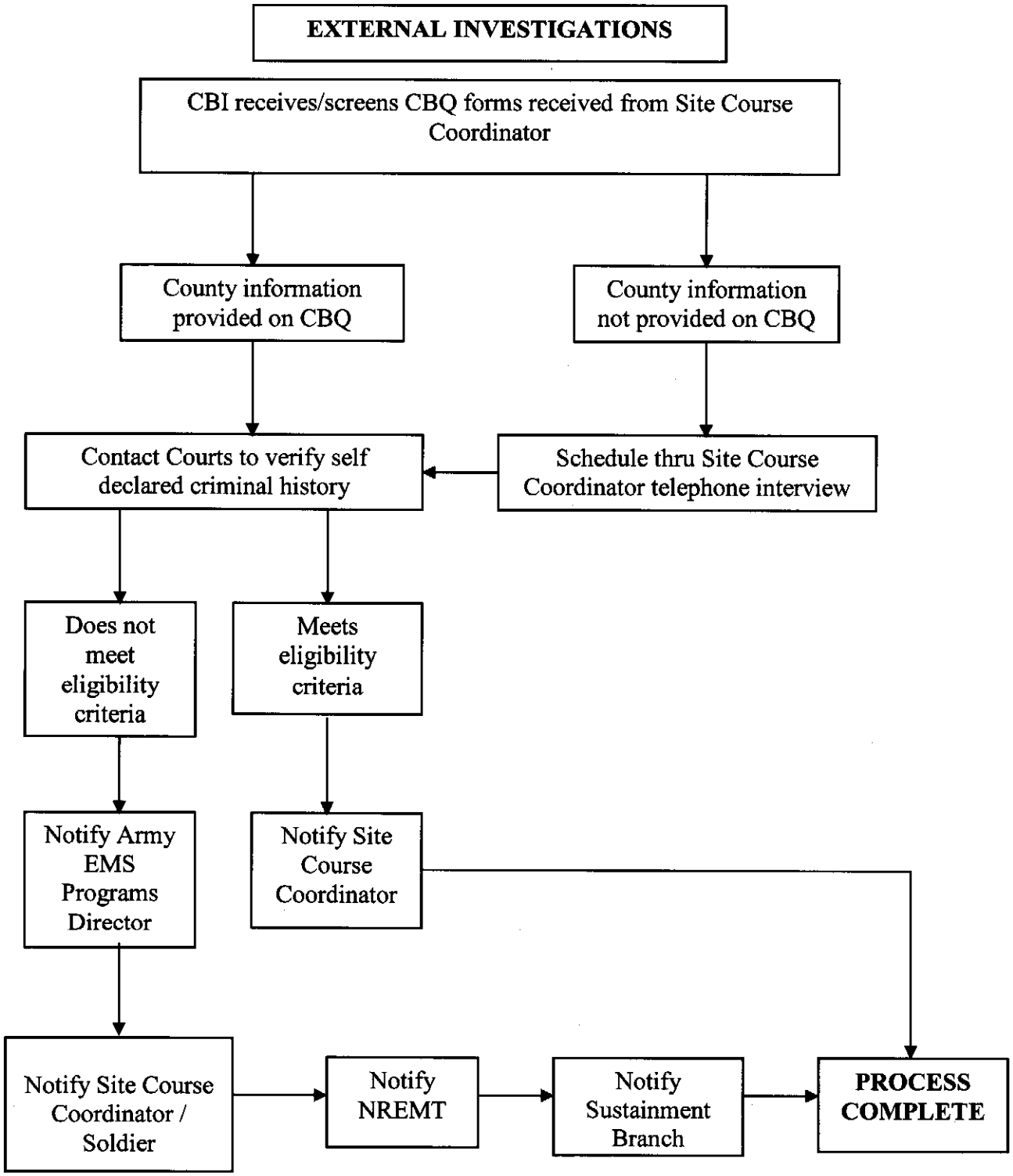
Flow Chart A-5

Credentials Background Investigations Protocol



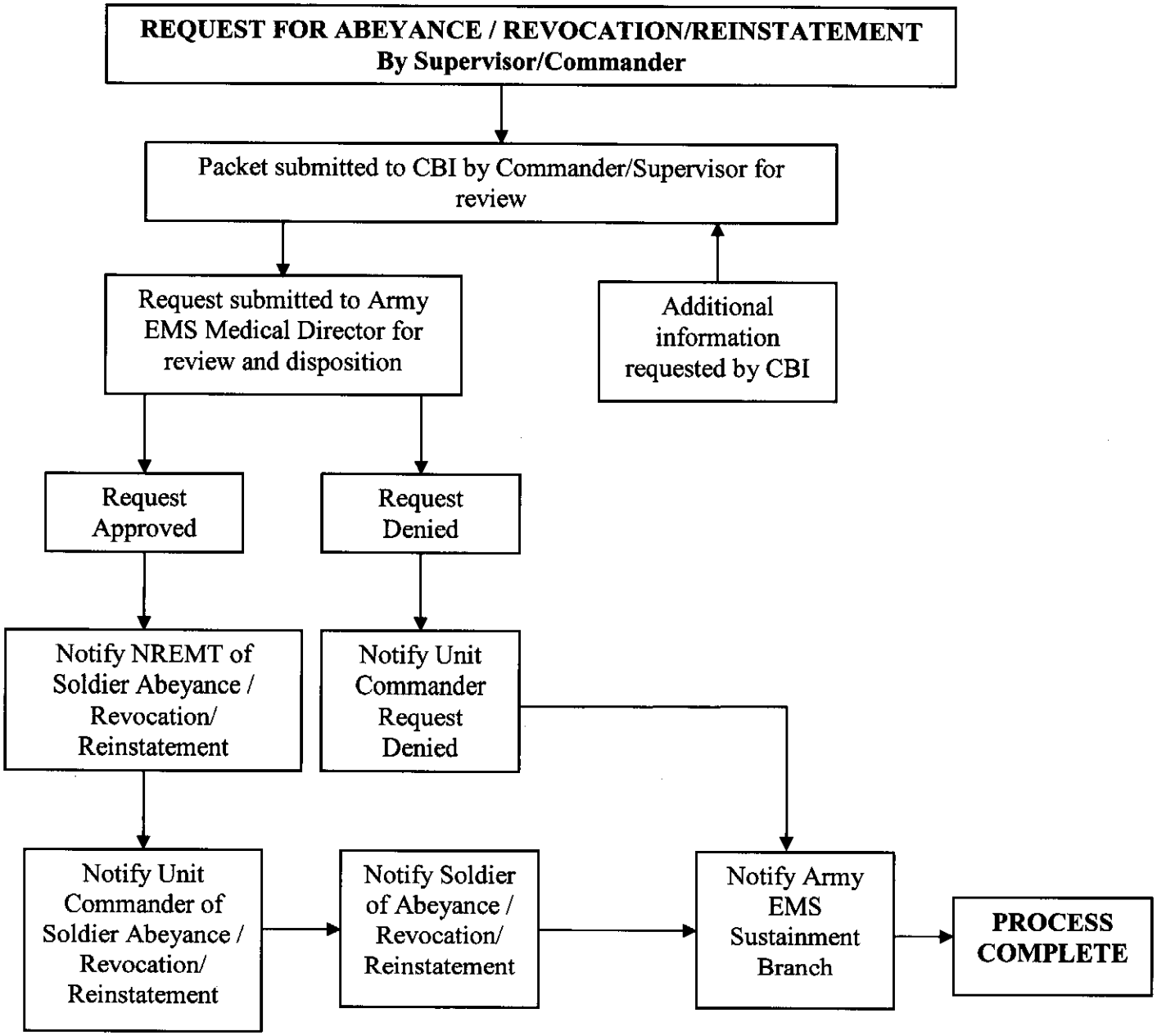
Flow Chart A-6

Credential Background Investigations Protocol



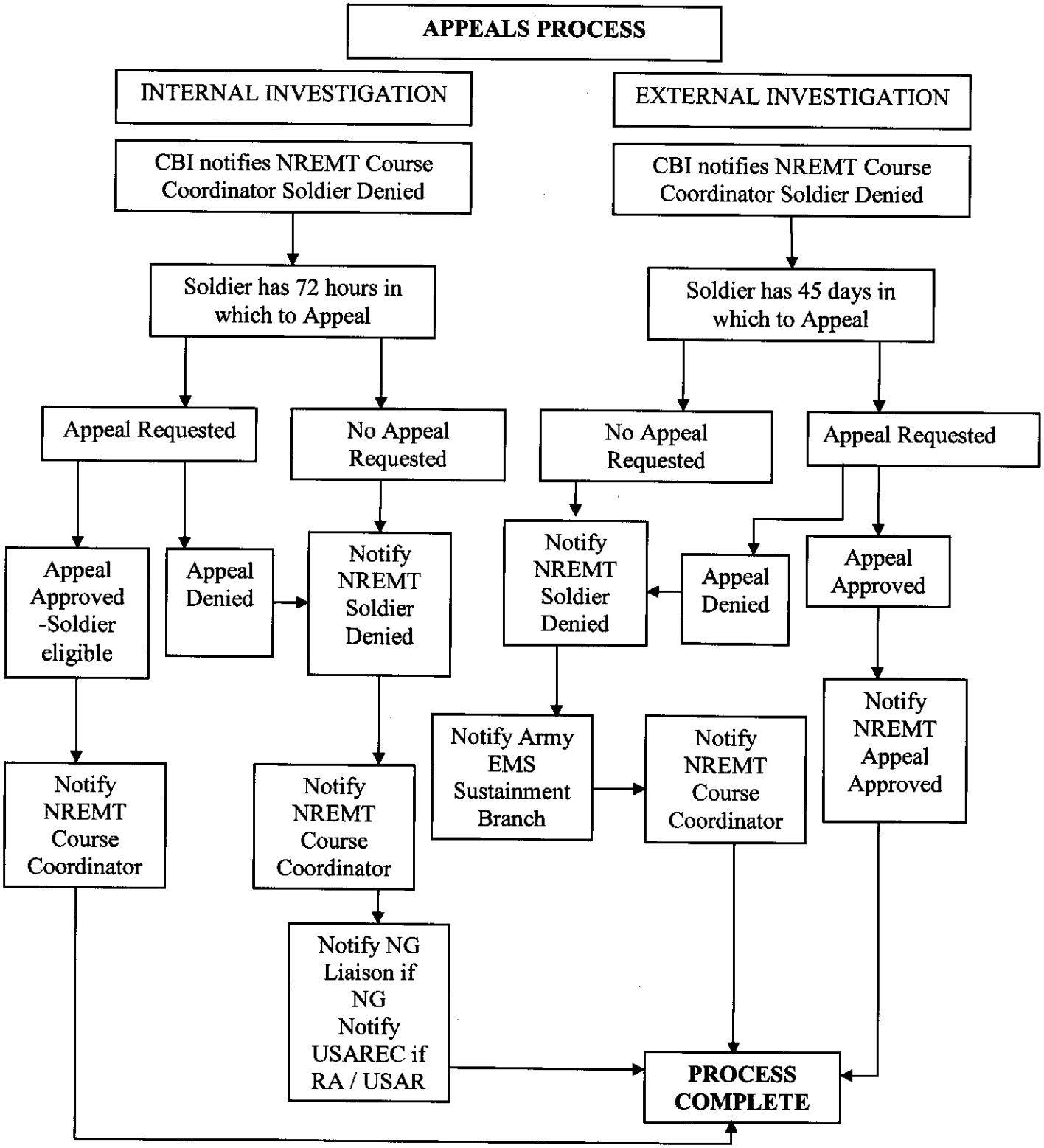
Flow Chart A-7

Credential Background Investigations Protocol



Flow-Chart A-8

Credential Background Investigations Protocol



Appendix-B

Frequently Asked Questions

Accreditation Branch

1. What training can be taught at the site?
As the 51st state under the National Registry Emergency Medical Technician, U.S. Army EMS facilitates and provides regulatory oversight to training sites for transition and sustainment training of all 68W's and their related combat medical skills training. This training includes EMT-Basic, Refresher, Bridge, Pre-Deployment Training and Combat Medic Advanced Skills Testing and Training (CMAST). Additionally, Combat Lifesaver training (CLS) may be taught providing your instructors meet the administrative and Army Regulation requirements outlined for this course. These sites may also serve as the institutional knowledge repository for all your related training needs.

2. Why establish an U.S. Army EMS Training Site?
This training site code allows you to train nationally recognized EMT-Basic, EMT-Refresher, EMT-Bridge, and CMAST courses and bring your Soldiers within MOS qualification requirements. Future individual course site codes may include TC 8-800, also known as Medical Education and Demonstration of Individual Competence (MEDIC), training and validation, Combat Life Saver(CLS) training, and future 68W development requirements. For those units training COMPOS II and III the courses listed within the 68W Training Portal allow anyone with portal access the ability to view upcoming classes and to register for them within the portal.

3. Who do we train?
Site codes are established to train military and DOD civilians only. Other training needs will be considered on a case-by case basis including but not limited Homeland Security and Border Patrol needs.

4. Where do we train?
Site codes are established based on the specific physical location in which training will take place. For example, training at an installation MEDDAC would be supported by a separate site code from the installation Medical Support Training Center (MSTC) located at the same post.

5. When should I establish a training site?
A training site code should be considered when you have identified a need for 68W MOS Sustainment training not supported by another location close to where you reside. All sustainment/recertification training can be accomplished via Training Circular TC 8-800 training table 1-7 with an annual skills validation (Table VIII).

6. How do I maintain a training site?
Maintenance involves proactive communication with U.S. Army EMS to ensure current information and submitting fiscal year quarterly and annual reports. Changes to the original site code training application, usually involving personnel changes, must also be updated with Accreditation Branch as well as consistent updates to the Training Portal for all courses scheduled and conducted.

Recertification and Sustainment Branch

1. When is the transition period over?
Transition period ended for Active Duty Soldiers on 30 September 2007 and will end on 30 September 2009 for Army National Guard and Army Reserves.

2. What happens at the end of the Transition period?
IAW AR 40-68, Soldiers who do not meet the transition requirements are not MOS qualified degrades unit readiness IAW AR 220-1. Additionally, IAW AR 611-21, Soldiers that fail to transition will be reclassified IAW the needs of the Army.

3. What happens if my NREMT expires?
Soldiers who fail to recertify according to NREMT guidance will be granted an additional 90 calendar days (for AA) and 180 calendar days (for USAR/ARNG) to obtain NREMT-basic certification; soldiers will be deemed MOS qualified during this period. A soldier's failure to obtain NREMT certification immediately following the respective 90- or 180-day period will result in his/her classification as non-MOS qualified and the initiation of an appropriate personnel action (that is, mandatory reclassification, separation) according to governing regulations.

4. What if my NREMT expires while I am deployed?
U.S. Army EMS in coordination with NREMT allows Soldiers 90 Days upon re-deployment to accomplish the re-registration process. Soldiers will send their re-registration application (complete with signatures), current BLS provider card, Individual MODS printout, deployment orders and redeployment orders to U.S. Army EMS Sustainment Branch to be verified and forwarded to NREMT for certification renewal.

5. How do I get my Individual MODS printout?
Soldiers must access the MODS website at www.mods.army.mil, register and gain view access or should see their Training NCO, who normally has MODS access. Soldiers that will require write access must request write access through MODS and be approved by BN Commander.

6. Do I need to send in re-registration fees?
No. U.S. Army EMS will pay traditional re-registration fees for 68Ws that re-register within the recertification window, before midnight 31 March or as calculated by redeployment, of all others must send re-registration fees. U.S. Army EMS **will not** pay for Soldiers who opt to test in lieu of traditional re-registration.

7. Where can I test?
Soldiers must find a Pearson Vue testing center near them. To find the nearest testing center Soldiers should go to www.pearsonvue.com website. Soldiers will need to input their zip code into the data base and the website will provide phone and address of the nearest five testing centers.

8. I failed my first exam, how many times can I test?
Upon completing a NREMT Course or 24 hour Refresher Course, Soldiers will have three opportunities to test therefore with one failure you have two more chances to pass the exam.

9. What do I need to do to apply for reciprocity?
Soldiers must send reciprocity application, 68W graduation Diploma, and DD Form 214 if they are not in MODS.

Credentials Background Branch

1. Why does the Army require background interviews- didn't I get one at the MEPS?
Per NREMT guidelines found at NREMT.org: "EMS practitioners, by virtue of their state licensure, certification, or national registration, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers....."EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time."…. "It is well accepted in the United States that persons who have been convicted of criminal conduct may not serve as police officers. In light of the high degree of trust conferred upon EMTs by virtue of licensure and certification, EMTs should be held to a similar, if not higher, standard. For these reasons, the EMS certifying/licensing agency has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes.

2. Who is subject to background investigations?
All three COMPOS (Regular Army, National Guard and Reserves) who have a 68W MOS and are in an initial EMT-Basic course.

3. What types of issues would keep me from being able to take the NREMT Test?
An individual convicted of a felony or any other crime directly related to threatening the safety or health of the public, the provision of emergency medical service will be reviewed for eligibility for certification and recertification under policies outlined in the NREMT's *Felony Policy* found on the web at NREMT.org . An individual involved in a DUI is considered being a potential threat to public safety requiring review for test eligibility.

4. What kind of inquiries will CBI make into my background?
The background investigation will include criminal history and records checks. Interviews will be conducted with the candidate. Public records will be queried for information about criminal litigation. Additional interviews will be conducted, as needed, to resolve any inconsistencies or developed issues.

5. What is adjudication and what is involved in the adjudication process?
Adjudication is the evaluation of data contained in a background investigation, and/or any other available relevant reports, to determine whether an individual is suitable for federal employment as an NREMT or eligible for access to classified information.

6. What is the biggest mistake 68W applicants make regarding background screening?
The biggest mistake Soldiers make is falsification or omission of information on their application or supplemental documents. Applicants are required and encouraged to be completely honest in completing the Credentials Background Questionnaire (CBQ). A few applicants fail to be eligible to test due to not being honest on the application, which later brought forward or found in random review of backgrounds. The virtue of 100% honesty is the way to go as your history may be able to be cleared for NREMT testing.

7. How long does a background investigation take and why do some investigations take longer than others?
If you do not provide accurate information or answer all of the questions on the background investigation forms, the investigative process may be delayed. Some individuals have more complex backgrounds than others and, consequently, more time is required to conduct a complete investigation. To ensure you have done your part please complete all questions on the Credentials Background Questionnaire (CBQ) and provide more information instead of being brief.

8. What if I do not pass the background screening, can I contest the findings or review the information U.S. Army EMS CBI Branch provided?
Soldiers who have been denied NREMT testing eligibility may appeal the decision with the Medical Director, U.S. Army EMS. An appointment can be made through the Credentials Investigations Branch to review your file with the Director. The Director is the final authority for appeals.

9. Do I have to report my previous two speeding tickets on the NREMT- B recertification form?
No, per NREMT guidelines only crimes that are categorized as felonies or any legal processes where the conviction subjected you to a limitation, suspension from, or revocation of your right to practice in a health care occupation. Please note if you voluntarily surrendering a health care licensure in any State or to any agency authorizing you the legal right to work needs to be reported as well. Individuals must also notify the U.S. Army EMS, within 30 days, of any felony convictions or disciplinary actions taken by a State.

10. There is a Soldier in my unit who tested positive for a drug urinalysis. How do I get their NREMT privileges revoked?
The offending Soldier's Commander (or designee on command orders) sends a formal letter with supporting documentation (UA result, UCMJ conviction etc.) specifying the infraction and asks for the Soldiers NREMT status to be revoked or put in abeyance. For a more through description reference the U.S. Army EMS SOP Chapter 4, paragraph 4-6 located at *https://apps.mods.army.mil/EMS/HomePage.aspx*

11. Upon enrollment in my course, one of the students was denied eligibility to take the NREMT test due to a previous credentials record, can he appeal the decision?
Yes, at external training sites or those training sites other than Fort Sam Houston, the member may appeal to the NREMT Appeals Committee. The NREMT Appeals Committee conducts an appeal hearing for all Soldiers who have been denied by the U.S. Army Medical Director. The Soldier has 45 days to submit their appeal in writing to the NREMT.

Compliance and Regulatory Branch

1. What is a Staff Assistance Visit (SAV)?
According to AR 1-201 Army Inspection Policy, a SAV are not inspections but are teaching and training opportunities that support staff inspections.

2. How does a Training Site prepare for a Staff Assistance Visit?
The following areas will be assessed by the SAV Team

- Medical Training Site-SOP, to include having a copy of the latest EMS SOP on hand
- Appointment Orders for Medical Director, Program Director, Course Coordinator and Technical Oversight Representative (MSTCs only)
- Curriculum Vitae for Medical Director, Program Director, Course Coordinator and Primary Instructor
- License and Certifications for Medical Director, Program Director, Course Coordinator, Primary Instructor and any other personnel that assisted or facilitated any of the courses
- Current AKO email address and phone number for Medical Director, Program Director and Course Coordinator
- All Course schedules, POIs, MOAs, MOUs
- Classroom environment
- Equipment and Class VIII supplies
- Training Lanes

3. Will our Organization get an advanced notice of the Staff Assistance Visit?
For all Medical Training Sites that are operated by Active Duty Military or GS personnel, a 30 day notice of the Staff Assistance Visit will be sent to the S-3. For all Medical Training Sites that are operated by Reserve and Guard personnel a 60 day notice of the Staff Assistance Visit will be sent to the S-3.

4. What happens if a Training Site doesn't do well on a Staff Assistance Visit?
A site code may be suspended if it received an overall unsatisfactory SAV rating

5. Explain the Staff Assistance Visit follow-up process
If a Training Site receives and overall unsatisfactory SAV rating, it's Training Site Code may be suspended. If this is the case a follow-up SAV will be conducted within 30 days by a different SAV Team from U.S. Army EMS Programs Management Office. If minor deficiencies were noted a grace period of 72hrs will be granted to the Training Site to make the necessary corrections. The SAV Team and Accreditation Team will closely monitor this grace period, if the necessary corrections are not made the Training Site Code may be suspended.

Appendix-C

Staff Assistance Visit Checklist and Site Assessment Report

Site Code (s)	Date of Visit
Unit/Site Location	Name of Lead
Unit/Site Point of Contact	
Organization CSM	
Organization Commander	

Assessment Areas	GO	NO GO	N/A	REMARKS
Appointment Letters for:				
Medical Director				
Course Coordinator				
Program Director				
Primary Instructor				
Curriculum Vitae for:				
Medical Director				
Course Coordinator				
Program Director				
Primary Instructor				
Credentials for:				
Medical Director				
Course Coordinator				
Program Director				
Primary Instructor				
Course Requirements				
Recertification process				
Copy of Course schedule				
Copies of handouts				
Copies of exams				
End of Course critiques				
Peer to peer evaluations				
Quality Improvement Plan				
Course Database (pass rates %)				
Files				
Practical Exam format				
Practical Exam grade sheets				
NREMT/Pearson Vue exam process				
Class quota requirements				
Audio and visual training aids				
Required Equipment/Condition				
Required Class VIII supplies				
Textbooks/classroom materials				
Instructor to student ratio 1:6				
Student screening process				
Remedial study program				
Student to Equipment ratio for:				
EMT-B 1:6				

	GO	NO GO	N/A	REMARKS
CMAST 1:4				
Students must have current BLS card				
MOA for TCO				
MOA for Clinical Patient Contacts				
Course files maintained for 2 years				
Daily Sign-In/Out Log				
Copy of Student roster (end of course)				
End of Course Summary (68W portal)				
Copy of Course POI				
Course review by CC and PD				
Instructor Roster with current certs.				
Additional Requirements for EMT-B				
Copies of all patient contact sheets				
Copies of all exam score results				
Criminal Background questionnaire				
Copy of NREMT Exam results				
Copy of BLS Card (all students)				
Site SOP				
Army EMS Program approval letter				
Duties and Responsibilities for:				
Medical Director				
Course Coordinator				
Program Director				
Primary Instructor				
EMS SOP				
DOT EMS Guidelines				
Additional Information:				
Organization 68W population				
68Ws MOS(Q) sustained				
68Ws non-MOS(Q) non-sustained				
List with reason for 68W non-MOS(Q)				
Quarterly/Annual Reports				

MEDICAL TRAINING SITE ASSESSMENT REPORT	Date (YYYYMMDD)
Organizational Name	**Name (s) Army EMS Team**
Medical Training Site Code	**Course Coordinator** **Comm:** **DSN:** **Email:**
Summary of Rating ☐ **Excellent** ☐ **Satisfactory** ☐ **Unsatisfactory** ☐ **N/A (See Comments)**	**Areas Evaluated** **Administrative Area** ☐ N/A ☐ UNSAT ☐ SAT ☐ EX **Classroom/Training Environment** ☐ N/A ☐ UNSAT ☐ SAT ☐ EX **Training Equipment/Class VIII** ☐ N/A ☐ UNSAT ☐ SAT ☐ EX **Training Site Management** ☐ N/A ☐ UNSAT ☐ SAT ☐ EX

Summary of previous Staff Assistance Visit:

Current standing with U.S. Army EMS PMO Accreditation Branch:

Comments:

Action (s) Required:

Name of Army EMS Lead Agent	Date (YYYYMMDD)	Signature

Appendix-D

68W (CEU) Crosswalk

ARMY EMS 68W Training Crosswalk

(One hour Training = 1 CE)		
Item Number	**Document Name**	**Notes**
1	AIT 1st Recert FLYER	193 hours with AIT cert. for 68W
2	AIT 1st Recert (reference only)	Module Breakout (Guide for Sergeants' time/In-service training)
3	Army Common-Garrison	54 listings of ARMY Common Training- One hour of training =One Continuing Education Unit
4	NREMT Recert Worksheet-Basic-Intermediate-Paramedic	Soldier worksheet to capture hours as they occur
5	Card Courses	ACLS, PEPP, BLS-HC, etc
6	EMT-B Refresher- DOT	Attend 1- Official course - Receive certificate 2- Equivalency Training in NREMT specific areas= 24 hours + skills verification (Table VIII)
7	New Warrior Tasks-Battle Drills	38 hours
8	EFMB Crosswalk	38 hours
9	TC 8-800	Tables I-VII for Ce's and skills Validation (Table VIII)
10	BCT3	40 hours (revision in progress)
11	CMAST	Curriculum equals Table I of TC 8-800. 24 hours equivalency training
	Pending Crosswalks	
12	Flight Medic	
13	MiTT	71.5 hours
14	Combat Lifesaver	26 hours

Advance Individual Training (AIT) Classes

Class	Course Name	Hours	Preparatory	Airway	Assessment	Medical Behavioral	Trauma	OB / Infant Child	Other Elective
Mod 1	Introduction to EMS	1	1						
	Well/Being EMT	2	2						
	Medical and Legal Ethics	2	2						
	The Human Body	3				3			
	Lifting/Moving PT	3							3
	VS/Sample History	2				1	1		
	VS & Sample History (PE)	4				2	2		
Mod 2	Airway Management	4		4					
	Airway (Demo) (PE)	8		8					
Mod 3	Patient Assessment	9			9				
	Communication and Documentation	3	3						
	Pt Assessment (Demo) (PE)	10			10				
Mod 4	Pharmacology	1				1			
	Respiratory Emergency	3		3					
	Cardiac Emergency	7				7			
	Diabetic Emergencies	2				2			
	Neurological Emergencies	2			1	1			
	The Acute Abdomen	1				1			
	Allergic Reactions and Envenomations	2				2			
	Substance Abuse and Poisoning	2				2			
	Environmental Emergencies	2			1	1			
	Behavioral Emergencies	2			1	1			
	Cardiac Scenarios (PE)	7	1	1	2	4			
	Respiratory Scenarios (PE)	2		2					
Mod 5	Kinematics of Trauma	2					2		
	Bleeding	2					2		
	Shock	2					2		
	Soft Tissue Injuries	2					2		
	Eye Injuries	1					1		
	Chest Injuries	1					1		
	Abdomen and Genitalia Injuries	1					1		
	Musculoskeletal Care	2					2		
	Head and Spine Injuries	3					3		
	Bleeding (PE)	7					7		
	Face and Throat Injuries	1					1		
	Face and Throat Inj (PE)	4					4		
	Musculoskeletal Care (PE)	3					3		
Mod 6	OB/GYN Emergency	4						4	
	Geriatric Assessment	2			2				
	Pediatric Assessment	2			2				
	Pediatric Trauma	2						2	

	OB / GYN Emergencies (PE)	2						2	
	Peds Airway/Med Emergency	2						2	
	Peds Airway/Med Emer (PE)	3						3	
Mod 7	Ambulance Operations	1	1						
	Gaining Access	1							1
	Special Operations	1							1
	Response to Terrorism/WMD	2	2						
Limited Primary Care	Sickcall and Medical Documentation	4	2		2				
	Sickcall and Medical Documentation (PE)	5	3		2				
	Pharmacology/Medication Admin	3		1		2			
	Immunizations Chemoprophylaxis	2				2			
	Basic Wound Care	2					2		
	Skin Diseases	3				3			
	EENT Disorders	2			2				
	EENT Disorders (PE)	3			2				
	Orthopedics	3			1	1	1		
	Orthopedics (PE)	5			2	1	2		
	Respiratory Disorders	2		2					
	Respiratory Disorders (PE)	2		2					
	Abdominal Disorders	2				2			
	Abdominal Disorders (PE)	2				2			
CBRNE	Introduction To CBRNE	1							1
	CBRNE Equipment Overview	1							1
	Nerve Agents	1							1
	Overview of Biological Agents	1							1
	Vesicants Cyanide Blood Agents	1							1
	Treating Nuclear Casualties	2							2
	Chemical Decontamination	2							2
	Decontamination (PE)	4							4
Force Health Protection	Combat Aid Bag	1	1						
	Int. Humanitarian Law & Geneva Conventions	2	1						1
	Introduction to Medical Threat	2	2						
	Waste Disposal in the Field	1							1
	Heat Weather Injuries	1				1			
	Cold Weather Injuries	1				1			
	Bites & Stings	1				1			
	Depression & Suicide Prevention	1				1			
	Stress Management	2				1			
Invasive Core Skills	Infection, Asepsis & Sterile Technique	1							1
	Sterile Preparation	1							1
	Assemble a Needle & Syringe & Draw Medication	1							1
	Administer IM, SQ, ID Injections	1							1
	Assemble a Needle & Syringe & Draw Medication (PE)	2							1
	Basic Math & Calculate an IV Flow Rate	1							1
	Initiate & Manage Intravenous Infusion	3							3

	Airway Management	2		2					
	Airway Management (PE)	2		2					
	Tactical Combat Casualty Care	3					3		
	Control Bleeding & Hypovolemic Shock	2					2		
	Treat for Shock	2					2		
	Obtain and Label Blood Specimen	1							1
Combat Evacuation	Introduction to Ballistics	1							1
	Assess & Initial Management of the Trauma Patient	2			2				
	Battlefield Medications	1							1
	Head Injuries	1					1		
	Ocular Injuries	1					1		
	Thoracic Trauma	2					2		
	Abdominal Trauma	1					1		
	Burn Injuries	2					2		
	Spinal Trauma	1					1		
	Musculoskeletal Trauma	2					2		
	Introduction to the Medical Evacuation System	1	1						
	Manual Evacuation	1					1		
	Litter Evacuation	1					1		
	Casualty Triage	1			1				
	US Field Medical Card (FMC)	1	1						
	Evacuation Request Procedures	1	1						
	Evacuation Platforms	1	1						
Clinical Rotations	Medical Terminology	2							2
	Lifting & Moving Patients	2							2
	Airway Management	2		2					
	Initial Assessment	1			1				
	Vital Signs & SAMPLE History	1			1				
	Assessment of a Medical Patient	2				2			
	Assessment of a Trauma Patient	2					2		
	On Going Assessment	1			1				
	General Pharmacology	2							2
	Soft Tissue Injuries	1					1		
	Musculoskeletal Injuries	2					2		
	Ambulance Operations	1							1
	Prevention & Control of Infection	1	1						
	Infection, Asepsis & Sterile Technique	2	2						
	Basic Math & Calculate an IV Flow Rate	1							1
	Initiate Intravenous Infusion	3					3		
	Assemble a Needle & Syringe & Draw Medications	2							2
	Administer IM, SQ, ID Injections	1							1
	Obtain and Label Blood Specimen	1							1
	Insert a Nasogastric Tube	1							1
	Basic Nursing / Patient Assessment	2			1	1			
	Nursing Documentation	2						1	1
	S.O.A.P. Documentation	1							1

	Pain Assessment and Management	1				1			
	Specimen Collection	1							1
	Glucose D-Stick	1							1
	Wound Care	1				1			
	Cardiac Monitoring	2				2			
	Chest Tube Care and Monitoring	2					2		
	Manage a Seizing Patient	2				2			
	Totals	291	28	29	46	55	68	14	49
	NREMT Max		25	26	27	28	28	26	0

Army Common Military Training (AR 350-1) Army Common Garrison Training									
Item #	Course Title	Hours			NREMT Category			Regulation	Frequency Requirement
		Annual	Deployment	Quarterly	One Time	Other	Other Elective		
1	**Weapons Qualification & Training**	4					4	AR 350-1	1
2	**Army Physical Fitness Program**					3x Wk	0	AR 350-1	2
3	**CBRNE Training**	N/A	N/A	N/A	N/A		1/1	AR 350-1	3
4	**Army Substance Abuse Program**	1		1			2	AR 350-1	4
5	**Health Benefits Awareness**				1		1/1	AR 350-1	4
6	**Military Justice**				1		1/1	AR 350-1	4
7	**Prevention of Motor Vehicular Accidents Program**				1		1/1	AR 350-1	4
8	**Army Safety Program**	4		1			1/1	AR 385-10	5
9	**Command Climate: EO**	7		5			1/1	AR 600-20	5
10	**Homosexual Conduct Policy Sexual Harassment Sexual Assault Prevention and Response-POSH**								
11	**In processing Pre-deployment**								
12	**Ethics**	1		1	1		1/1	HQDA Letter	6
13	**Antiterrorism/Force Protection**	1	1		1		1/1	AR 350-1	6
14	**Army Family Team Building**		1		1		1/1	AR 350-81	6
15	**Public Affairs Program**		1		1		1/1	AR 530-1 AR 38-5 MC Reg 350-4	6
16	**Preventive Measures Against Disease and Injury**		1				1/1	AR 40-51	6
17	**Subversion and Espionage Directed**		1				1/1	AR 381-12	6
18	**Law of War Training / Detainee Ops**		0				1/1	AR 350-1	7
19	**PR / Code of Conduct / SERE**		1				1/1	AR 350-1, AR 350-30	6
20	**Cold / Heat Injury**	1					1/1		8
21	**HIV Awareness**						1/1		8

22	**Traumatic Brain Injury**						1/1		8
23	**HIPPA**						1/1		8
24	**Common Task Training**						1/1		8
25	**NCODP**						1/1		8
26	**Sergeants' Time Training**						1/1		8
27	**OPSEC**						1/1		8
28	**HIPPA Refresher**						1/1		8
29	**Field Training PROFIS**						1/1		8
30	**BNCOC**						1/1		9
31	**MC No Fear Act Training**						1/1		8
32	**Combating Trafficking in Persons**						1/1		8
33	**Suicide Prevention**						1/1		8
34	**Homosexuality Policy**						1/1		8
35	**MC Safety Composite Risk Management**						1/1		8
36	**Personnel Recovery Chain Teaching**						1/1		8
37	**CBRNE OPNS**						1/1		8
38	**MC Breathalyzer**						1/1		8
39	**MC Spear Phishing**						1/1		8
40	**MC Heat Injury Prevention**						1/1		8
41	**Information Assurance**						1/1		8
42	**MC Thumb Drive Awareness Protection of External Removable Media**						1/1		8
43	**Medical Ethics and Detainee Opns**						1/1		8
44	**MTBI / PTSD Chain Teaching**						1/1		8
45	**DOD Information Systems**						1/1		8
46	**MC HIPPA Initial**						1/1		8
47	**Equal Opportunity**						1/1		8
48	**Sexual Assault Prevention and Response**						1/1		8
49	**CBRNE CLIN**						1/1		8
50	**EO Senior Leaders**						1/1		8
51	**Prevention of Sexual Harassment**						1/1		8
52	**DIMHRS**						1/1		8

53	**CBRNE Exec**						1/1		8
54	**MC Safety Cold Weather Prevention Training**						1/1		8

Frequency Requirement Legend:
1 Address during unit training at home station. MEDCOM, PROFIS, Promotion, EFMB etc. Personnel not assigned a weapon or not PROFIS are exempt

2 Address during unit training at home station . Hour listed are for APFT Testing only. AR 350-1 requires AA units to conduct physical fitness training 3-5 times per week during normal duty hours (approx. 150 hr)

3 Address during unit training at home station. No hours are listed for this requirement. Only TDA units authorized NBC defense equipment are required to train

4 In processing, address when individual is initially assigned to the unit.

5 In processing.

6 In processing. Pre-deployment: Address before unit is deployed on an operational mission

7 Pre-deployment: address before unit is deployed on an operational mission. Conducted in TOE units only

8 Address during unit training at home station

9 **081-6-8-C40 (68R30) (F)**

NREMT Recertification Work Sheet

Name:		Team:	
Class	**Course Name**	**Date**	**Hours**
AIRWAY			
ASSESSMENT			
MEDICAL / BEHAVIORAL			
TRAUMA			

Name:		Team:	
Class	**Course Name**	**Date**	**Hours**
PREPATORY			
OB/INFANT/CHILD			
OTHER/ELECTIVE ACLS REQ.			

NREMT-Basic

CE's	HOURS	REQ.	FLEX
Airway	0	2	24
Assessment	0	3	24
Medical/Behavioral	0	4	24
Trauma	0	4	24
Preparatory	0	1	24
OB/Infant/Child	0	2	24
Other/Elect./ACLS	0	8	24
Total:	**0**	**24**	**48**

NREMT-Intermediate

CE's	HOURS	REQ.	FLEX
Airway	0	12	16
Assessment	0	0	16
Medical/Behavioral	0	6	16
Trauma	0	5	16
Preparatory	0	1	16
OB/Infant/Child	0	12	16
Other/Elect./ACLS	0	0	16
Total:	**0**	**36**	**36**

NREMT-Paramedic

CE's	HOURS	REQ.	FLEX	
Airway	0	16	12	**ACLS Required -16**
Assessment	0	0	12	
Medical/Behavioral	0	8	12	Date Attended ACLS:
Trauma	0	6	12	
Preparatory	0	2	12	
OB/Infant/Child	0	16	12	
Other/Elect./ACLS	0	0	12	
Total:	**0**	**48**	**24**	

CARD COURSES

Class	Course Name	Hours	Preparatory	Airway	Assessment	Medical Behavioral	Trauma	OB/Infant Child	Other Elective
PEPP	Making A Difference (LE)	1						1	
	Child Development PAT (LE)	1						1	
	Respiratory Emergencies (LE)	1						1	
	Cardiovascular Emergencies (LE)	1.5						1.5	
	Medical Emergencies (LE)	1.5						1.5	
	Trauma Emergencies (LE)	1						1	
	Toxic Exposures (LE)	1						1	
	Child Maltreatment (LE)	1						1	
	Children with Special Needs (LE)	1						1	
	Delivery and Newborn (LE)	1						1	
	Respiratory Emergencies (PE)	1						1	
	Cardiovascular Emergencies (PE)	1						1	
	Medical Emergencies (PE)	1						1	
	Trauma Emergencies (PE)	1						1	
PHTLS	Introduction	0.5	0.5						
	Kinematics of Trauma	1					1		
	Assessment and Management	1			1				
	Airway Management	1		1					
	Shock and Fluid Resuscitation	1					1		
	Spinal Trauma	1					1		
	Musculoskeletal Trauma	1					1		
	Thermal Trauma	1					1		
	Principles of Pre-Hospital Trauma (LE)	1	1						
	Considerations in Pediatric and Elderly (LE)	1					1		
	Thoracic Trauma	1					1		
	Abdominal Trauma	1					1		
	Head Trauma	1					1		
	Skills Station Assessment (PE)	4			4				
	Skills Station Airway (PE)	4		4					
	Skills Station Spinal (PE)	4					4		
	Skills Station Extrication (PE)	4					4		
ACLS	Pharmacology (LE)	1				1			
	Basic ECG (LE)	1				1			
	Airway Management (LE)	1		1					
	AED & VF / Pulseless VT (LE)	1				1			
	PEA / Asystole (LE)	1				1			
	Acute Ischemic Stroke (LE)	1				1			
	Skills Practice (PE)	2			2				
	Acute Coronary Syndrome (LE)	1				1			
	Bradycardia (LE)	1				1			
	Stable/Unstable Tachycardia (LE)	2				2			
	Putting it All Together/Review (LE)	1	1						
	Mega Codes (PE)	3			2				1

AMLS	AMLS Introduction	0.5	0.5						
	Patient Assessment (LE)	1			1				
	Airway Management (LE)	1		1					
	Chest Pain (LE)	1				1			
	Assessment of Shock Patient (LE)	1.5			1.5				
	Dyspnea Patient Assess. (PE)	1.5			1.5				
	Shock Patient Assess. (PE)	1.5			1.5				
	Chest Pain Assess. (PE)	1.5			1.5				
	Abdominal Pain/GI Bleeding (LE)	1				1			
	Seizures/Syncope (LE)	1				1			
	Altered Mental Status (LE)	1				1			
	Abdominal Pain/GI Bleeding (PE)	1.5				1.5			
	Seizures/Syncope (PE)	1.5				1.5			
	Altered Mental Status (PE)	1.5				1.5			
BLS HCP	Preparatory (LE)	1	1						
	Airway (LE)	1		1					
	Patient Assessment (LE)	1			1				
	Medical (LE)	3				3			
PALS	Recognition of Respiratory Failure and Shock (LE)	1.5			1.5				
	Prevention of Cardiopulmonary Arrest	1	1						
	Pediatric Trauma (LE)	1					1		
	Fluids and Drug Therapy (LE)	1							1
	BLS & BVM (PE)	1.5		1.5					
	Advanced Airway Management (PE)	1.5		1.5					
	Vascular Access, Fluids, Meds (PE)	1.5							1.5
	Rhythm Disturbances & Mgmt (PE)	1.5			1.5				
	Newborn Resuscitation (LE)	1.5						1.5	
	Newborn Resuscitation (PE)	1						1	
	Respiratory Failure (PE)	1		1					
	Shock (PE)	1					1		
	Cardiopulmonary Arrest (PE)	1				1			
Combat Medic Advanced Skills Training	Point of Wounding Care (LE)	1					1		
	Tactical Combat Casualty Care (LE)	3					3		
	Chest Trauma (LE)	2					2		
	Hemorrhage Control (LE)	5					5		
	Hypovolemic Shock Management (LE)	4					4		
	Advanced Airway Techniques (LE)	3		3					
	Casualty Triage (LE)	2							2
	Battlefield Casualty Evacuation (LE)	2							2
	International Humanitarian Law & Geneva Convention (LE)	2							2
	Putting it All Together for the Battlefield Trauma Patient (LE)	1							1
	Combat Trauma Lanes (GPE)	Counts for completion of the AC MS-VT hands on.							

NREMT REFRESHER DOT CURRICULUM

Module	Course Name	Hours	Other Elective
1.	**Preparatory**	**1**	
a.	Scene Safety		
b.	Quality Improvement		
c.	Health & Safety		
d.	Medical -Legal		
2.	**Airway**	**2**	
a.	Opening the Airway		
b.	Suctioning		
c.	Techniques of artificial ventilation		
d.	Airway Adjuncts		
e.	Oxygen		
3.	**Patient Assessment**	**3**	
a.	Scene Size up -Assessment		
b.	Initial Assessment		
c.	Focused History and Physical Examination		
d.	Detailed physical exam		
e.	Ongoing Assessment		
f.	Verbal Communication		
g.	Interpersonal Communication		
h.	Pre-hospital Care report		
4.	**Medical Behavioral**	**4**	
a.	General Pharmacology		1
b.	Breathing difficulty		
c.	Cardiac emergencies		
d.	Emergency Medical Care of a patient with an Altered Mental Status		
e.	Emergency Medical Care of a patient with an Altered Mental Status with a history of diabetes		
f.	Emergency Medical Care of a allergic reactions		
g.	Emergency Medical Care of poisoning and overdose		
h.	Behavorial Emergencies		
5.	**Trauma**		
a.	Shock	4	
b.	Emergency Medical Care of an open chest wound		0.5
c.	Emergency Medical Care of an open abdominal injury		1
d.	Emergency Medical Care of amputations		1
e.	Emergency Medical Care of burns		1
f.	Emergency Medical Care of bones and joints		1
g.	Head and Spine injuries		1
h.	Emergency Medical Care of bones and joints		1
i.	Rapid Extrication		0.5
6.	**OB / Infants / Children**	**2**	
a.	Normal Delivery		

b.	Abnormal Delivery		
c.	Medical Problems in Infants and Children		
d.	Trauma in children		
	Total	**16**	**8**
	Grand Total	**24**	

Item #	Subject	Hours Annual	NREMT Category Breakout		Training NREMT Verbiage/ Module
			Preparatory	Other Elective	
A.	**Weapons Firing**	2			
1	Qualify with Assigned Weapon		1		Scene Safety
2	Correct malfunction with assigned weapon		1		Scene Safety
3	Engage targets with M240B MG				
4	Engage targets with M249B MG				
5	Engage targets with M2 Cal. 50 MG				
6	Engage targets with MK-19 40MM Grenade MG				
7	Employ mines and hand grenades				
8	Engage targets with weapon using a night vision sigh				
9	Engage targets with weapon using an aiming light				
B.	**Communicate**	3			
1	Perform voice communications SITREP/SPOTREP			**1**	Communications
2	Perform voice communications (MEDEVAC)			**1**	Communications
3	Use visual signaling techniques			**1**	Communications
C.	**Urban Operations**	3			
1	Perform movements techniques			**1**	Scene Safety
2	Engage targets during an urban operation				
3	Enter a building during an urban operation			**1**	Scene Safety
D.	**Maneuvers**	3			
1	Determine location on the ground (terrain association/map/GPS)			**1**	Scene Safety
2	Navigate from one point to another (dismounted)			**1**	Scene Safety
3	Move over, through, or around obstacle			**1**	Scene Safety
E.	Fight	15			
1	Move under direct fire			**1**	Scene Safety
2	React to indirect fire (dismounted & mounted)			**1**	Scene Safety
3	React to direct fire (dismounted & mounted)			**1**	Scene Safety
4	React to unexploded ordinance hazard			**1**	Scene Safety
5	React to man-to-man contact (combative)			**1**	Scene Safety
6	React to chemical or biological			**1**	Scene Safety

	attack/hazard				
7	Use of Chemical Decon Kit			**1**	Scene Safety
8	Maintain equipment			**1**	Scene Safety
9	Select temporary fighting position			**1**	Scene Safety
10	Perform combat life saving			**1**	Patient Assessment
11	Improvised explosive device (IED) detect and defeat			**1**	Scene Safety
12	Escalation of force			**1**	Scene Safety
13	Personnel recovery			**1**	Scene Safety
14	Every soldier as a sensor			**1**	Scene Safety
15	Perform field sanitation & preventive medicine field craft			**1**	Preparatory
F.	**Battle Drills**	12			
1	React to contact (visual, IED, direct fire, includes RPG)			**1**	Scene Safety
2	React to indirect fire			**1**	Scene Safety
3	React to chemical attack			**1**	Scene Safety
4	Break contact			**1**	Scene Safety
5	Dismount vehicle			**1**	Scene Safety
6	React to ambush (near)\			**1**	Scene Safety
7	React to ambush (far)			**1**	Scene Safety
8	Evacuate a casualty (dismounted & mounted)			**1**	Scene Safety
9	Establish security at a halt			**1**	Scene Safety
10	Checkpoint entry operations			**1**	Scene Safety
11	Vehicle roll-over drill			**1**	Scene Safety
12	React to sniper			**1**	Scene Safety
	Subtotal	**38**	**2**	**35**	
	Grand Total	**75**			

NREMT Sustainment Crosswalk

	AMEDDC&S PAM 350-10 Expert Field Medical Badge Training	One Time Hours	NREMT Category				Recommended NREMT Verbiage
			Preparatory	Airway	Trauma	Other Elective	
1.	**Communication Tasks**	5					
a.	Assemble/Operate SINCGARS		1				Radio Procedures
b.	Load FH/COMSEC data and conduct radio check		1				Radio Procedures
c.	Prepare/Transmit MEDEVAC request		1				Radio Procedures
d.	Submit CBRN 1 report		1				Radio Procedures
e.	Submit Explosive Hazard Spot Report		1				Radio Procedures
2.	**Warrior Skills Tasks**	11					
a.	Protect yourself from NBC contamination using your assigned protective mask					1	Hazmat Operations
b.	Decontaminate yourself using chemical decontamination kits					1	Hazmat Operations
c.	Protect yourself from CBRNE injury/contamination with MOPP or JSLIST gear.					1	Hazmat Operations
d.	Perform self-aid for mild nerve agent poisoning					1	Hazmat Operations
e.	Protect yourself form biological/chemical injury when removing MOPP or LSLIST gear.					1	Hazmat Operations
f.	Store the M40 Series protective mask with/out hood.					1	Hazmat Operations
g.	Correct a malfunction of a M4 carbine or M16 series rifle					1	Scene Safety
h.	Disassemble/assemble and perform a function check on an M16 series rifle or M4/M4A1 carbine					1	Scene Safety
i.	React to indirect fire					1	Scene Safety
j.	Move over, through, or around obstacle					1	Hazmat Operations
k.	React to an UXO or possible IED.					1	Scene Safety
3.	**Medical and Casualty Evacuation Tasks**	10					
a.	Establish a helicopter landing point					1	Ambulance Operations
b.	Load casualties onto a helicopter					1	Ambulance Operations
c.	Load casualties onto ground evacuation platform (M996, M997, M113, or M113 STRYKER)					1	Ambulance Operations
d.	Load casualties onto non standard vehicle (5 Ton M-1093, or 2 1/2 Ton M-1081, etc					1	Ambulance Operations
e.	Load casualties onto non standard vehicle (11/4 Ton 4x4, M998.					1	Ambulance Operations
f.	Extricate casualties from a vehicle					1	Ambulance Operations
g.	Evacuate a casualty using a SKED litter					1	Ambulance Operations

h.	Evacuate casualties using one person carries or drag					1	Ambulance Operations
i.	Evacuate casualties using two person carries or drag					1	Ambulance Operations
j.	Evacuate casualties using carries					1	Ambulance Operations
4.	**Tactical Combat Casualty Care**	12					
a.	Perform a tactical combat casualty care patient assessment				1		Patient Assessment
b.	Control Bleeding using a tourniquet				1		Control Bleeding
c.	Control Bleeding using a hemostatic device				1		Control Bleeding
d.	Triage casualties				1		Triage
e.	Initiate treatment for Hypovolemic shock and prevent shock						Prevent Shock
f.	Initiate a saline lock and intravenous infusion						Prevent Shock
g.	Insert a nasopharyngeal airway			1			Exact verbiage of task
h.	Treat a penetrating chest wound				1		Exact verbiage of task
i.	Perform a needle chest decompression				1		Exact verbiage of task
j.	Treat an open abdominal wound				1		Exact verbiage of task
k.	Control bleeding using dressings				1		Exact verbiage of task
l.	Teat an open head injury				1		Exact verbiage of task
m.	Treat lacerations, contusion and extrusions of the eye				1		Exact verbiage of task
n.	Immobilize a suspected fracture of the arm.				1		Exact verbiage of task
	Total	38					

TC 8-800 CE Credits / Task Work Sheet

Course Number	(NREMT Category Equivalent)	Hours	Date	Initials
Table I	**Trauma Assessment and Treatment (Airway)**	**1**		
081-833-0142	Insert a Nasopharyngeal Airway			
081-831-0213	Perform Point of Wounding Care in a Tactical Environment			
081-831-3007	Perform a Needle Chest Decompression			
081-831-3025	Initiate Saline Lock			
	Tactical Combat Casualty Care (Trauma)	**3**		
081-831-0033	Initiate an Intravenous Infusion			
081-831-0047	Initiate Treatment for Hypovolemic Shock			
081-831-0050	Treat a Casualty with an Open Chest Wound			
081-833-0142	Insert a Nasopharyngeal Airway			
081-831-0161	Control Bleeding			
081-831-0169	Insert a Combitube			
081-831-0174	Administer Morphine			
081-831-0211	Apply a Hemostatic Dressing			
081-831-3005	Perform a Surgical Cricothyroidotomy			
081-831-3007	Perform a Needle Chest Decompression			
081-831-3025	Initiate Saline Lock			
	Advanced Airway Techniques (Airway)	**3**		
081-831-0016	Insert an Oropharyngeal Airway (J Tube)			
081-833-0142	Insert a Nasopharyngeal Airway			
081-831-0169	Insert a Combitube			
081-831-3005	Perform a Surgical Cricothyroidotomy			
081-831-0019	Clear an Upper Airway Obstruction			
081-831-0048	Perform Rescue Breathing			
081-831-0158	Administer Oxygen			
	Chest Trauma Management (Trauma)	**2**		
081-831-0049	Treat a Casualty with an Closed Chest Wound			
081-831-0050	Treat a Casualty with an Open Chest Wound			
	Hemorrhage Control (Trauma)	**5**		
081-831-0047	Initiate an Treatment for Hypovolemic Shock			
081-831-0210	Apply a Tourniquet to Control Bleeding			
081-831-0211	Apply a Hemostatic Dressing			
081-831-0212	Apply an Emergency Trauma Dressing			
081-831-0011	Measure a Patient's Pulse			
081-831-0012	Measure a Patient's Blood Pressure			
081-831-0155	Perform a Trauma Casualty Assessment			
081-831-0161	Control Bleeding			
	Hypovolemic Shock (Trauma)	**4**		
081-831-0047	Initiate an Treatment for Hypovolemic Shock			

081-831-0033	Initiate an Intravenous Infusion			
081-835-3002	Administer Medications by IV Piggyback			
081-831-3025	Initiate Saline Lock			
081-835-3054	Administer Blood Products			
081-831-0033	Initiate an Intravenous Infusion			
	Battlefield Casualty Evacuation (Other)	**2**		
081-831-1046	Transport a Casualty			
	Casualty Triage (Assessment)	**2**		
081-831-0101	Request Medical Evacuation			
081-831-0080	Triage Casualties on a Conventional Battlefield			
081-833-0082	Triage Casualties on a Integrated Battlefield			
081-831-0155	Perform a Trauma Casualty Assessment			
	International Humanitarian Law and the Geneva Conventions (Other)	**2**		
081-831-1054	Evacuate Casualties			
081-833-0213	Perform Point of Wounding Care in a Tactical Environment			
Table II	**Airway Assessment and Management Skills (Airway)**	**4**		
081-831-0019	Clear an Upper Airway Obstruction			
081-831-0016	Insert an Oropharyngeal Airway (J Tube)			
081-831-0017	Ventilate a Patient with a Bag-Valve-Mask			
081-831-0018	Set up an Oxygen Tank			
081-831-0021	Perform Oral and Nasopharyngeal Suctioning			
081-831-0142	Insert an Nasopharyngeal Airway			
081-831-0158	Administer Oxygen			
081-833-0169	Insert a Combitube			
081-833-3005	Perform a Surgical Cricothyroidotomy			
Table III	**Intravenous Access and Medication Administration Skills (Trauma)**	**4**		
081-831-0033	Initiate an Intravenous Infusion			
081-831-0034	Manage a Patient with an Intravenous Infusion			
081-831-0174	Administer Morphine			
081-831-0179	Administer Medications			
081-831-0185	Initiate Intraosseous Infusion			
081-831-3025	Initiate Saline Lock			
Table IV	**Medical Assessment and Treatment Skills (Preparatory)**	**2**		
081-831-0010	Measure a Patient's Respirations			
081-831-0011	Measure a Patient's Pulse			
081-831-0012	Measure a Patient's Blood Pressure			
081-831-0164	Measure a Patient's Pulse Oxygen Saturation			
	(Medical)	**2**		
081-831-0038	Treat a Casualty for a Heat Injury			

081-831-0083	Treat a Nerve Agent Casualty in the Field			
081-831-0224	Treat a Patient with an Allergic Reaction			
	(Assessment)	**2**		
081-831-0048	Manage an Unconscious Casualty			
081-831-0145	Document Patient Care using SOAP Note Format			
081-831-0156	Perform a Medical Patient Assessment			
Table V	**Triage and Evacuation Skills (Other)**	**4**		
081-831-0033	Initiate a Field Medical Card			
081-831-0101	Request Medical Evacuation			
081-831-0080	Triage Casualties on a Conventional Battlefield			
081-831-0092	Transport a Casualty with Suspected Spinal Injury			
081-831-0155	Perform a Trauma Casualty Assessment			
081-831-0176	Transport a Casualty with Suspected Spinal Injury			
081-831-0177	Apply a Cervical Collar			
081-831-0178	Apply a Kendrick Extrication Device			
081-831-0181	Apply a Long Spine Board			
Table VI	**Cardiopulmonary Resuscitation Management Skills (Medical)**	**4**		
081-831-0018	Open the Airway			
081-831-0019	Clear an Upper Airway Obstruction			
081-831-0046	Administer External Chest Compressions			
081-831-0048	Perform Rescue Breathing			
081-831-0158	Administer Oxygen			
081-831-0159	Treat a Cardiac Emergency			
081-831-3027	Manage Cardiac Arrest using AED			
Table VII	**OB/GYN, Pediatric Management Skills (Obstetrics)**	**2**		
081-831-0116	Assist in Vaginal Delivery			
081-831-0156	Perform a Medical Assessment			
	Total CE Hours	**44**		
Table VIII	**Hands-on Skills Testing of Tables I-VI, Select Skills Evaluation**	**0**		
	Combat Trauma Lanes (Trauma) [*These Continuing Education Credits (CE) Are Not Counted In Table I.]	**5***	**Date**	**Initials**
081-831-0011	Measure a Patient's Pulse			
081-831-0012	Measure a Patient's Blood Pressure			
081-831-0018	Open the Airway			
081-831-0019	Clear an Upper Airway Obstruction			
081-831-0101	Request Medical Evacuation			
081-831-1046	Transport a Casualty			
081-831-1054	Evacuate Casualties			
081-831-0016	Insert an Oropharyngeal Airway (J Tube)			
081-831-0033	Initiate an Intravenous Infusion			
081-831-0047	Initiate Treatment for Hypovolemic Shock			
081-831-0049	Treat a Casualty with a Closed Chest Wound			

081-831-0050	Treat a Casualty with an Open Chest Wound			
081-831-0080	Triage Casualties on a Conventional Battlefield			
081-831-0142	Insert an Nasopharyngeal Airway			
081-831-0155	Perform a Trauma Casualty Assessment			
081-831-0161	Control Bleeding			
081-831-0169	Insert a Combitube			
081-831-0174	Administer Morphine			
081-833-0185	Initiate an Intraosseous Infusion			
081-831-0210	Apply a Tourniquet to Control Bleeding			
081-831-0211	Apply a Hemostatic Dressing			
081-831-0212	Apply an Emergency Trauma Dressing			
081-833-0213	Perform Point of Wounding Care in a Tactical Environment			
081-831-3005	Perform a Surgical Cricothyroidotomy			
081-831-3007	Perform a Needle Chest Decompression			
081-835-3025	Initiate a Saline Lock			

Brigade Combat Trauma Team Training Course Crosswalk (BCT3)

Course Name	Course Hours	NREMT CATEGORY						
		Preparatory	Airway	Assessment	Medical Behavior	Trauma	OB/Infant Child	Other Elective
Intro (LE)	1.5	1.5						
BCT3 Care Under Fire (LE)	1.5	1.5						
BCT3 Tactical Care (LE)	1							1
Burns And Blast Injuries (LE)	1					1		
CAM Lab Video (LE)	1					1		
Tourniquet (PE)	1					1		
Compression Dressing (PE)	1					1		
Basic Dressing (PE)	1					1		
Airway Management (LE)	1		1					
Chest Trauma (LE)	1					1		
Traumatic Brain Injury (LE)	1					1		
Peds/Geriatrics/Post Mortem/Humanitarian/Detainee Care (LE)	1						2	
Skills Stations Airway/Simple And Advanced Airway Adjuncts (PE)	1					1		
Rapid Trauma Assessment (PE)	1			1				
FAST 1/IV Training (PE)	1					1		
Trauma Lanes (PE)	8			4		4		
CAM Lab (PE)	8		2			5		
CAPSTONE Exercise (PE)	8			4		4		
Course Hourly Total	**40**							
NREMT Category Hourly Totals		**3**	**3**	**9**	**0**	**22**	**2**	**1**

Combat Medic Advanced Skills Training (CMAST)

Course Name	Hours
Trauma	
Point Of Wounding Care	1
Tactical Combat Casualty Care (TC3)	3
Chest Trauma	2
Circulation & Shock	9
Total	15
Airway	
Advanced Airway	3
Total	3
Operations	
Casualty Triage/Mass Casualty	2
Evacuation	2
International Humanitarian Law	2
Total	6
CB Trauma Lanes	0
Total	24
Note: Each 50 minute block of instruction = 1 CE Reference TC-8-800 Training Table I (pg 2-3)	

Glossary

Abbreviations

AA
Active Army
AAOS
American Academy of Orthopaedic Surgeons
ACLS
Advanced Cardiac Life Support
AD
Active Duty
ADT
Active Duty for Training
AIT
Advanced Individual Training
AKO
Army Knowledge Online
AM
Army Medical
AMEDD
Army Medical Department
AMEDDC&S
Army Medical Department Center and School
AN
Army Nurse Corps
ANCOC
Advanced Non-Commissioned Officer Course
APPD
Army Medical Department Personnel Proponent Directorate
AR
Army Regulation
ARNG
Army National Guard
ANCE
Assistant National Certifying Examination
AT
Annual Training
ATLS
Advanced Trauma Life Support
ATRRS
Army Training Requirements and Resources System
ATT
Authorization to Test
BDE
Brigade
BLS
Basic Life Support
BN
Battalion

BNCOC
Basic Non-Commissioned Officer Course
CBQ
Criminal Background Questionnaire
CC
Course Coordinator
CE
Continuing Education
CMAST
Combat Medic Advanced Skills Training
COL
Colonel
COMM
Commercial
COMPOS
Components (1 Active Army, 2 Army National Guard, 3 United States Army Reserves)
CONUS
Continental United States
CPR
Cardiopulmonary Resuscitation
CPT
Captain
DA
Department of the Army
DA PAM
Department of the Army Pamphlet
DCMT
Department of Combat Medic Training
DHL
Dalsey, Hillblom and Lynn
DHS
Director of Health Services
DOD
Department of Defense
DOT
Department of Transportation
DSN
Defense Switched Network
DUI
Driving Under the Influence
EMS
Emergency Medical Services
EMT-B/I/P
Emergency Medical Technician Basic / Intermediate / Paramedic
ETS
Expiration Term of Service
FEDEX
Federal Express
GS
General Schedule

HQDA
Headquarters, Department of the Army
HRC
Human Resource Command
i.e.
Id est (that is)
IAW
In Accordance With
ID
Identification or Infantry Division
IDT
Inactive Duty Training
IET
Initial Entry Training
IRR
Individual Ready Reserve
ITLS
International Trauma Life Support
JAG
Judge Advocate General
LPN/LVN
Licensed Practical Nurse/Licensed Vocational Nurse
LTC
Lieutenant Colonel
MC
Medical Corps
MD
Medical Doctor or Medical Director
Mech
Mechanized
MEDCEN
Medical Center
MEDDAC
Medical Department Activity (Army)
MEDIC
Medical Education and Demonstration of Individual Competence
MHS
Military Health System
MILPER
Military Personnel
MILPO
Military Personnel Office
MOA
Memorandum of Agreement
MOS
Military Occupational Specialty
MOU
Memorandum of Understanding
MSG
Master Sergeant

MSTC
Medical Simulation Training Center
NA
Non-applicable
NAEMT
National Association of Emergency Medical Technicians
NCO
Non-Commissioned Officer
NG
National Guard
NLT
No later than
NREMT
National Registry of Emergency Medical Technicians
OCONUS
Outside of the Continental United States
OEF
Operation Enduring Freedom
OIC
Officer in Charge
OIF
Operation Iraqi Freedom
OTSG
Office of the Surgeon General
PA
Physician Assistant
PALS
Pediatric Advanced Life Support
PAO
Public Affairs Office
PCS
Permanent Change of Station
PD
Program Director
PDT
Pre-Deployment Training
Ph.D.
Doctor of Philosophy
PI
Primary Instructor or Performance Improvement
POC
Point of contact
QA
Quality Assurance
QI
Quality Improvement
RC
Reserves Component
RMC
Regional Medical Command

RN
Registered Nurse
SAV
Staff Assistance Visit
SF
Standard Form or Special Forces
SI
Senior Instructor
SJA
Staff Judge Advocate
SSG
Staff Sergeant
SSN
Social Security Number
TAPDB
Total Army Personnel Data Base
TC3
Tactical Combat Casualty Care
TDA
Table of Distribution and Allowance
TDY
Temporary Duty
TO&E
Table of Organization and Equipment
TSG
The Surgeon General
U.S.
United States
UPS
United Parcel Service
USAMEDCOM
U.S. Army Medical Command
USAR
United States Army Reserves
USAREC
U.S. Army Recruiting Command
WWW
World Wide Web